UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM	EYEMPT	UNDER 44	112	C 3512

DO NOT WRITE IN THIS SPACE Case Date Filed 07-CA-09 5942 1-7-2013

INSTRUCTIONS:	Y-
File an original with NLRB Regional Director for the region in which the alleged	unfair labor practice occurred or is occurring

	AGAINST WHOM CHARGE IS BROUGHT		
a Name of Employer		b Tel No 313-465-1160	
MGM Grand Casino		Coll No.	
		c. Cell No.	
		f. Fax No.	
d Address (Street, city, state, and ZIP code) 1777 3rd Street	e Employer Representative Tara McIntosh	g e-Mail	
Detroit, MI 48226		9 5 (8)	
		h. Number of workers employed	
		Approx. 160 security officers	
Type of Establishment (factory, mine, wholesaler, etc.) Casino	Identify principal product or service		
A STATE OF THE STA	Gambling	species 9/s) subsections (4) and (but	
The above-named employer has engaged in and is engaging subsections; 8(a)(1)			
		abor Relations Act, and these unfair labor	
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization		unfair practices affecting commerce	
2. Basis of the Charge (set forth a clear and concise stateme			
On (b) (6), (b) (7)(C) 2012, I was suspended pendir	그런 그렇게 가장하는 경기에 되었다. 그래요 하는 그 작은 그렇게 하면 가장하는 것이다.	discharged in retaliation for my	
protected concerted activities regarding the mani	ning of a closed area.		
A state of Market and State of the State of State of the State of			
R. Full name of narty filling charge (if labor organization, give	full name including local name and number)		
	full name, including local name and number)	_	
b) (6), (b) (7)(C)	full name, including local name and number)		
b) (6), (b) (7)(C) a Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4b Tel. No	
b) (6), (b) (7)(C) la Address (Street and number, city, state, and ZIP code)	full name, including local name and number)		
b) (6), (b) (7)(C) a Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4c. Cell No. (b) (6), (b) (7)(C)	
b) (6), (b) (7)(C) a Address (Street and number, city, state, and ZIP code)	full name, including local name and number)		
b) (6), (b) (7)(C) la Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4c. Cell No. (b) (6), (b) (7)(C)	
b) (6), (b) (7)(C) a Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No.	
b) (6), (b) (7)(C) la Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) b. Full name of national or international labor organization of		4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e e-Mail (b) (6), (b) (7)(C)	
b) (6), (b) (7)(C) a Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) ii. Full name of national or international labor organization of organization)	which it is an affiliate or constituent unit (to be fille	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) ad in when charge is filed by a labor	
a Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) 5. Full name of national or international labor organization of organization) 6. DECLARATION	which it is an affiliate or constituent unit <i>(to be fille</i>	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e e-Mail (b) (6), (b) (7)(C)	
a Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) 6. Full name of national or international labor organization of organization) 6. DECLARATION 1. declare that heave read the above charge and that the statement (b) (6), (c) (7)(C)	which it is an affiliate or constituent unit <i>(to be fille</i> DN nts are true to the best of my knowledge and belief.	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) ad in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C)	
a Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) 5. Full name of national or international labor organization of organization) 6. DECLARATION 1. declare that heave read the above charge and that the statement (b) (6), (\(\nu_f\)(7)(C)	which it is an affiliate or constituent unit <i>(to be fille</i> ON nts are true to the best of my knowledge and belief. (6), (b) (7)(C)	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) ad in when charge is filed by a labor	
a Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) 6. Full name of national or international labor organization of organization) 6. DECLARATION 1 declare that have read the above charge and that the statement (b) (6), (a), (7)(C)	which it is an affiliate or constituent unit <i>(to be fille</i> DN nts are true to the best of my knowledge and belief.	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e e-Mail (b) (6), (b) (7)(C) ad in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C)	
a Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) 5. Full name of national or international labor organization of organization) 6. DECLARATION 7. (b) (6), (a), (7)(C) 8. (signature or representative or person making charge)	which it is an affiliate or constituent unit (to be filled) ON into are true to the best of my knowledge and belief. (6), (b) (7)(C) (Print/Type name and title or office, if any)	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e e-Mail (b) (6), (b) (7)(C) ad in when charge is filed by a labor Tel. No (b) (6), (b) (7)(C) Office, if any, Cell No	
I declare that heave read the above charge and that the statement (b) (6), (b, (7)(C)	which it is an affiliate or constituent unit <i>(to be fille</i> ON nts are true to the best of my knowledge and belief. (6), (b) (7)(C)	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e e-Mail (b) (6), (b) (7)(C) ad in when charge is filed by a labor Tel. No (b) (6), (b) (7)(C) Office, if any, Cell No Fax No.	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
07-CA-09 5973	1-8-2013		

INST	In	uc.

Parkside Credit Union Address (Street, city, state, and ZIP code) 36525 Plymouth Rd., Livonia, MI 48150		734-525-0700	
Address (Street, city, state, and ZIP code)		b. Tel. No. 734-525-0700	
		c. Cell No.	
		f. Fax No	
36525 Plymouth Rd., Livonia, MI 48150	e. Employer Representative	1. 18410	
	Joy Bobby	g e-Mail	
		h Number of workers employed Approx. 30	
Type of Establishment (factory, mine, wholesaler, etc.) Credit Union	j Identify principal product or service Financial institution		
The above-named employer has engaged in and is engaged	aging in unfair labor practices within the meaning of se	ection 8(a), subsections (1) and (list	
subsections)		bor Relations Act, and these unfair labor	
practices are practices affecting commerce within the multiple within the meaning of the Act and the Postal Reorganization.	- 10 CM	intair practices affecting commerce	
Basis of the Charge (set forth a clear and concise stater	ment of the facts constituting the alleged unfair labor	practices)	
On about (b) (6), (b) (7)(C) 2012, the above-name			
activities.			
On about(b) (6), (b) (7)(C) 2012, the above-name	ed Employer gave (b) (6), (b) (7)(C)a perfor	mance action plan in retaliation for	
engaging in protected concerted activities.	za zmpioyor gavo	managadian pan in retendien i	
On about (b) (6), (b) (7)(C) 2013, the above-named E	mployer discharged (b) (6), (b) (7)(C) due to	(D)(6), (D) excepted concepted	
	imployer discharged to the due to	protected concerted	
activities.			
b) (6), (b) (7)(C)	ve full name, including local name and number)		
a. Address (Street and number, city, state, and ZIP code)		45 T-1 N-	
(b) (6), (b) (7)(C)		4b Tel No (b) (6), (b) (7)(C)	
		4c Cell No.	
		4c Cell No.	
Full name of national or international labor organization	of which it is an affiliate or constituent unit (to be fille	4c Cell No. 4d Fax No. 4e e-Mail	
Full name of national or international labor organization organization)	of which it is an affiliate or constituent unit (to be fille	4c Cell No. 4d Fax No. 4e e-Mail	
organization) 6 DECLARA I declare that I have read the above charge and that the staten	TION	4c Cell No. 4d Fax No. 4e e-Mail	
6 DECLARA Lideclare that I have read the above charge and that the states (b) (6), (b) (7)(C)	TION nents are true to the best of my knowledge and belief.	4c Cell No. 4d Fax No. 4e e-Mail d in when charge is filed by a labor Tel No.	
6 DECLARA Lideclare that I have read the above charge and that the states (b) (6), (b) (7)(C)	TION nents are true to the best of my knowledge and belief.	4c Cell No. 4d Fax No. 4e e-Mail d in when charge is filed by a labor Tel No. Same as above	
6 DECLARA Lideclare that I have read the above charge and that the states (b) (6), (b) (7)(C)	TION nents are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) An Individual	4c Cell No. 4d Fax No. 4e e-Mail d in when charge is filed by a labor Tel No Same as above Office, if any, Cell No	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U S C 3512

1-8-2013

Case Do NOT WRITE IN THIS SPACE

07-CA-096010

CHAIR	TIME	ICT	101	uc.
INS	II PCI		101	V.3

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b Tel. No 866-734-8466 a. Name of Employer SEIU Healthcare c. Cell No. f. Fax No. 313-965-0422 e. Employer Representative d Address (Street, city, state, and ZIP code) Marge Robinson-Faville, President 2604 4th Street g e-Mail Detroit, MI 48201 h Number of workers employed Approx. 60 Type of Establishment (factory, mine, wholesaler, etc.) j Identify principal product or service Employee Representation Union k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 8(a)(1) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices). including my opposition to in an upcoming election. (b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code) 4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No (b) (6), (b) (7)(C) 4d Fax No 4e. e-Mail (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) 6. DECLARATION Tel No (b) (6), (b) (7)(C that the statements are true to the best of my knowledge and belief. Office, if any, Cell No (6), (b) (7)(0 (Print/type name and title or office, if any) Fax No. e-Mail 1/8/13 (b) (6), (b) (7)(C) (date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
07-CA-096295	07-CA-096295 1-11-2013			

INSTRUCTIONS:

	AGAINST WHOM CHARGE IS BROUGHT	b. Tel. No. 248-852-7800	
a. Name of Employer Paulouand Hoolthease		248-852-7800	
Boulevard Healthcare		c. Cell No.	
		f. Fax No. 248-852-6348	
d, Address (Street, city, state, and ZIP code) 3500 W South Blvd	e. Employer Representative Manda Ayouba	g. e-Mail	
Rochester Hills, MI 48309	Marida Aybuba	g. C-Wei	
	ocnester Hills, IVI 46309		
. Type of Establishment (factory, mine, wholesaler, etc.) Nursing Home	j. Identify principal product or service Healthcare		
k. The above-named employer has engaged in and is engagi	ing in unfair labor practices within the meaning of s	ection 8(a), subsections (1) and (list	
subsections) 8(a)(3) & 8(a)(5)	of the National La	abor Relations Act, and these unfair labor	
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization		unfair practices affecting commerce	
2. Basis of the Charge (set forth a clear and concise stateme	ent of the facts constituting the alleged unfair labor	practices)	
On or about (b) (6), (b) (7)(C) 2012, the Employer, by i	ts officers, agents and representatives, d	discriminatorily reprimanded	
employees(b) (6), (b) (7)(C)		and/or protected concerted	
activities on behalf of Service Employees Interna	ational Union, Healthcare Michigan.		
Since on or about August 15, 2012, and at all tim	nes thereafter, the Employer, by its office	rs, agents and representatives,	
has refused to bargain collectively with SEIU Hea	althcare Michigan, a labor organization c	hosen by a majority of its	
가는 아내지 그리면 가는 아내가 가는 하는 것이 되었다. 그 사람들은 아내가 아내는 아내는 아내는 이 아내는 이 아내는		mosch by a majority of its	
	그리고 아이들이 아이들이 다른 아이들은 아이들이 아이들이 아이들이 가지 않는 아이들이 되었다.		
employees in an appropriate unit, for the purpose employment, and other terms and conditions of e	e of collective bargaining in respect to rate	tes of pay, wages, hours of cuss a grievance filed on August	
employees in an appropriate unit, for the purpose employment, and other terms and conditions of e 15, 2012, concerning harassment and the reprim	e of collective bargaining in respect to rate	tes of pay, wages, hours of cuss a grievance filed on August	
employees in an appropriate unit, for the purpose employment, and other terms and conditions of e 15, 2012, concerning harassment and the reprim	e of collective bargaining in respect to rate	tes of pay, wages, hours of cuss a grievance filed on August	
employees in an appropriate unit, for the purpose employment, and other terms and conditions of entry (5), 2012, concerning harassment and the reprint (b), (b), (b), (7), (C)	e of collective bargaining in respect to rai employment by refusing to meet and disc nand issued on or about (^{(5),(6),(6),(7),(6)} 2012	tes of pay, wages, hours of cuss a grievance filed on August	
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employees in an appropriate unit, for the purpose employment, and other terms and conditions of entry (a) (b) (c) (d) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	e of collective bargaining in respect to rai employment by refusing to meet and disc nand issued on or about (^{(5),(6),(6),(7),(6)} 2012	tes of pay, wages, hours of cuss a grievance filed on August to employees (b) (6), (b) (7)(C) 4b. Tel. No. 313-963-3847 4c. Cell No.	
employees in an appropriate unit, for the purpose employment, and other terms and conditions of employment, and other terms and conditions of employees, concerning harassment and the reprimal by (6), (b) (7)(C) 3. Full name of party filing charge (if labor organization, give Service Employees International Union, Healthcase. Address (Street and number, city, state, and ZIP code) 2604 Fourth Street Detroit, Michigan 48201	e of collective bargaining in respect to ratemployment by refusing to meet and disconand issued on or about (b) (6), (b) (7)(G) 2012 I full name, including local name and number) are Michigan	tes of pay, wages, hours of cuss a grievance filed on August to employees 4b. Tel. No. 313-963-3847 4c. Cell No. 4d. Fax No. 313-965-0422 4e. e-Mail	
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employees in an appropriate unit, for the purpose employment, and other terms and conditions of employment, and other terms and conditions of employment, and other terms and conditions of employees in the reprimitation of the purpose in the reprimitation of the	e of collective bargaining in respect to ratemployment by refusing to meet and disconand issued on or about (b) (6), (b) (7)(G) 2012 I full name, including local name and number) are Michigan If which it is an affiliate or constituent unit (to be filled on; Change To Win	tes of pay, wages, hours of cuss a grievance filed on August to employees 4b. Tel. No. 313-963-3847 4c. Cell No. 4d. Fax No. 313-965-0422 4e. e-Mail	
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employees in an appropriate unit, for the purpose employment, and other terms and conditions of end 15, 2012, concerning harassment and the reprime (b) (6), (b) (7)(C) 3. Full name of party filing charge (if labor organization, give Service Employees International Union, Healthcate 4a. Address (Street and number, city, state, and ZIP code) 2604 Fourth Street Detroit, Michigan 48201 5. Full name of national or international labor organization or organization) Service Employees International Union 6. DECLARATI	e of collective bargaining in respect to rate employment by refusing to meet and disconand issued on or about (b) (6), (b) (7)(G) 2012 If till name, including local name and number) are Michigan If which it is an affiliate or constituent unit (to be filled on; Change To Windows). ON ents are true to the best of my knowledge and belief.	tes of pay, wages, hours of cuss a grievance filed on August 2 to employees 4b. Tel. No. 313-963-3847 4c. Cell No. 4d. Fax No. 313-965-0422 4e. e-Mail Tel. No. 231-722-6303 Office, if any, Cell No.	
employees in an appropriate unit, for the purpose employment, and other terms and conditions of employment (b) (6), (b) (7)(C) 3. Full name of party filing charge (if labor organization, given Service Employees International Union, Healthcards Address (Street and number, city, state, and ZIP code) 4a. Address (Street and number, city, state, and ZIP code) 2604 Fourth Street Detroit, Michigan 48201 5. Full name of national or international labor organization organization) Service Employees International Union (6) 1 declare that I have read the above charge and that the statements	e of collective bargaining in respect to ratemployment by refusing to meet and disconand issued on or about (b) (6), (b) (7)(G) 2012 If till name, including local name and number) are Michigan If which it is an affiliate or constituent unit (to be filled on; Change To Win local name and belief. ON lents are true to the best of my knowledge and belief.	tes of pay, wages, hours of cuss a grievance filed on August to employees 4b. Tel. No. 313-963-3847 4c. Cell No. 4d. Fax No. 313-965-0422 4e. e-Mail Tel. No. 231-722-6303 Office, if any, Cell No. 231-220-0210	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER	44 U	S C 35
 - Links (Autority)	_	

DO NOT WRITE IN THIS SPACE

Case

Date Filed 1-17-2013

NSTRUCTIONS:	07-CA-09665	58 1-17-2013	
ile an original with NLRB Regional Director for the region in which			
1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT a. Name of Employer SEIU Healthcare Michigan		b Tel No 866-734-8466	
d Address (Street eits state and 7/D ands)	a Employer Papragentative	f Fax No.	
d. Address (Street, city, state, and ZIP code) 2604 Fourth Street Detroit, MI 48201 e. Employer Representative Mark Raleigh, Chief of Staff		g. e-Mail	
		h. Number of workers employed	
i. Type of Establishment (factory, mine, wholesaler, etc.) labor organization	Identify principal product or service service		
k. The above-named employer has engaged in and is engaged subsections) (3) practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization	of the National L aning of the Act, or these unfair labor practices are	abor Relations Act, and these unfair labor	
Full name of party filing charge (if labor organization, give	e full name, including local name and number)	*****	
(b) (6), (b) (7)(C)			
4a. Address (Street and number, city, state, and ZIP code)		4b Tel No. (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)		4c. Cell No.	
		4d Fax No	
		4e, e-Mail	
5. Full name of national or international labor organization o organization)	f which it is an affiliate or constituent unit (to be fille	ed in when charge is filed by a labor	
(b) (6), (b) (7)(C) 6. DECLARATI	ON ents are true to the best of my knowledge and belief.	Tel No. (b) (6), (b) (7)(C)	
) (6), (b) (7)(C) _{an individual}	Office, if any, Cell No	
(signature of presentative or person maxing charge)	(Print/type name and litle or office, if any)	Fax No	
(b) (6), (b) (7)(C)	1/17/12	e-Mail	
Address	(date)		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE Case Date Filed January 23, 2013 07-CA-096861

File an original of this charge with NLRB Regional	Director in which the alleged unfair labor practice of EMPLOYER AGAINST WHOM CHARGE IS BROU	ccurred or is occurring.
a. Name of Employer MICHIGAN BELL TELEPHONE COMPANY, D/B/A AT&T MICHIGAN		b. Tel. No. (616)246-0042 c. Cell No.
d. Address (street, city, state ZIP code) 3530 EASTERN AVE SE, BLDG B, MIKE TEN HARMSEL		(616)644-7216 f. Fax No. (616)246-7373
GRAND RAPIDS, MI 49508-2409		g. e-Mail mt3183@att.com h. Dispute Location (City and State)
Type of Establishment (factory, nursing home, hotel) Telecommunications service provider	J. Principal Product or Service Telecommunications services	k. Number of workers at dispute location 75
Since about (b) (6), (b) (7)(C) 2012, the Ecoercively interrogating, and then capproximately employees becaused protection.	P code)	ed, and coerced its employees by irnings, and partial-day suspensions lies with each other for mutual aid ber) 4b. Tel. No. (616)241-4459 4c. Cell No. (616)723-0210 4d. Fax No. (616)241-2880 4e. e-Mail
Full name of national or international labor organization) Communications Workers of An	nization of which it is an affiliate or constituent unit nerica, AFL-CIO	hooker@cwa4034.org (to be filled in when charge is filed by a labor
DECLARATION I declare that I have read the above charge a my knowledge and belief.	nd that the statements are true to the best of	Tel. No. (616)241-4459
By: At Man!	BRIAN HOOKER	Office, if any, Cell No. (616)723-0210
(signature of representative or person making charge) Print Name and Title		Fax No. (616)241-2880
Address: 3281 KENTLAND CT SE, WYOMING, MI 49548-2309	Date: 1/23/13	è-Mail hooker@cwa4034.org

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

a. Name of Employer MGM Grand Casino

1777 Third Street

Detroit, MI 48226

Casino

d Address (Street, city, state, and ZIP code)

Type of Establishment (factory, mine, wholesaler, etc.)

INSTRUCTIONS:

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

e. Employer Representative

Director Human Resources

j. Identify principal product or service

Tara McIntosh

Gaming

DO NOT WRITE IN THIS SPACE

c Cell No

f. Fax No

g. e-Mail

Case Date Filed

of a labor constitute within the manufactor of austina R/a), and a stice (4) and (but

07-CA-097340

January 29, 2013

313 465-

h Number of workers employed Approx 1.000

b. Tel. No 313 465-1160

subsections) (a) (3)		_abor Relations Act, and these unfair labor
practices are practices affecting commerce within the m within the meaning of the Act and the Postal Reorganiza	eaning of the Act, or these unfair labor practices are	
Basis of the Charge (set forth a clear and concise state) On (b) (6), (b) (7)(C) 2013, the above nan concerted, and union activities	ment of the facts constituting the alleged unfair labor ned Employer suspended (b) (6), (b) (7)(C	
	•	
Full name of party filing charge (if labor organization, group) (6), (b) (7)(C)	ve full name, including local name and number)	
a Address (Street and number, city, state, and ZIP code)		4b. Tel. No.
) (6), (b) (7)(C)		4c. Cell No. (b) (6), (b) (7)(C)
		4d. Fax No.
(D) (6), (4e. e-Mail (b) (6), (b) (7)(C)
Full name of national (916) International labor organization (916) (916) (917) (916) (917) (917) (917) (917) (917)	of which it is an affiliate or constituent unit (to be fille	ed in when charge is filed by a labor
declare that I h. sead the at charge and that the staten (b) (6), (b) (7)	TION nents are true to the best of my knowledge and belief.	Tel. No.
(h) (E) (h) (E) (h	o) (6), (b) (7)(C) an individual	Office, if any, Cell No. (b) (6), (b) (7)(C)
(s nat of represent a or person making charge)	(Print/type name and title or office, if any)	Fax No.
(b) (6), (b) (7)(C)	1/29/13	e-Mail

PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case 07-CA-097685	Date Filed 2-5-2013	

NST	DI	CT	ION	10.

	AGAINST WHOM CHARGE IS BROUGHT			
a Name of Employer		b Tel. No.		
CHRYSLER GROUP				
		c Cell No		
		f. Fax No		
ddress (Street, city, state, and ZIP code) ERLING HEIGHTS STAMPING PLANT BELATIONS		0,150,10		
		g e-Mail		
35777 VAN DYKE	RELATIONS			
STERLING HEIGHTS, MI 48312		h Number of workers employed 3000+		
Type of Establishment (factory, mine, wholesaler, etc.) Factory				
k The above-named employer has engaged in and is engager subsections) (3) practices are practices affecting commerce within the mean within the meaning of the Act and the Postal Reorganization	of the National Li	abor Relations Act, and the	ese unfair labor	
In about (b) (6), (b) (7)(C) I was removed from my protected concerted activity.	position in retaliation for my		ay and other RE RE RE	
Full name of party filing charge (if labor organization, give)	full name, including local name and number)	DETROIT, MI	-5 ER	
3. Full name of party filing charge (if labor organization, give to 16) (6) (6) (7) (7) (6) (6) (7) (7) (7) (7) (8) (8) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	full name, including local name and number)	TROIT, MI	MLRB REGION 7	
(b) (6), (b) (7)(C)	full name, including local name and number)	ROIT, MI	-5 ER	
(b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	R01T. MI	MLRB GION 7	
(b) (6), (b) (7)(C)	full name, including local name and number)	ROIT.	MLRB IGION 7	
(b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	ROIT	MLRB IGION 7	
(b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4b. Tel No N/A 4c. Cell No. (b) (6), (b) 4d. Fax No 4e. e-Mail	MLRB IGION 7	
(b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4b. Tel No N/A 4c. Cell No. (b) (6), (b) 4d. Fax No.	MLRB IGION 7	
(b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code)		4b. Tel No N/A 4c Cell No. (b) (6), (b) 4d Fax No 4e. e-Mail (b) (6), (b) (7)	MLRB 7 (C)	
(b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of organization) 6. DECLARATIO	which it is an affiliate or constituent unit (to be fille	4b. Tel No N/A 4c Cell No. (b) (6), (b) 4d Fax No 4e. e-Mail (b) (6), (b) (7) ad in when charge is filed by	5 6H 0: 17	
(b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of organization) 6. DECLARATIC ideclare that I hav	which it is an affiliate or constituent unit (to be fille	4b. Tel No N/A 4c. Cell No. (b) (6), (b) 4d. Fax No 4e. e-Mail (b) (6), (b) (7) ad in when charge is filed by Tel. No n/a	5 6H 0: 17	
(b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of organization) 6. DECLARATION 1 declare that I hav read the above charge and that the statement (b) (6), (b) (7 C) (b) (6)	which it is an affiliate or constituent unit (to be fille ON als are true to the best of my knowledge and belief.	4b. Tel No N/A 4c. Cell No. (b) (6), (b) 4d. Fax No 4e. e-Mail (b) (6), (b) (7) ed in when charge is filed by Tel. No n/a Office, if any, Cell No	-5 MINO 7	
(b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of organization) 6. DECLARATION I declare that I hav read the above charge and that the statement (b) (6), (b) (7 C)	which it is an affiliate or constituent unit (to be fille	4b. Tel No N/A 4c. Cell No. (b) (6), (b) 4d. Fax No 4e. e-Mail (b) (6), (b) (7) ad in when charge is filed by Tel. No n/a	MCRB (C) (C) (C) (C)	
(b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of organization) 6. DECLARATIC that I have each that I have each that the statement (b) (6), (b) (7 C) By (b) (6)	which it is an affiliate or constituent unit (to be fille ON Its are true to the best of my knowledge and belief; (6), (b) (7)(C)An Individual	4b. Tel No N/A 4c Cell No. (b) (6), (b) 4d Fax No 4e. e-Mail (b) (6), (b) (7) ed in when charge is filed by Tel. No n/a Office, if any, Cell No Cell -(b) (6), (b) (7)	MCRB (C) (C) (C) (C)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
07-CA-097731	2-5-2013

	EMPLOYER AGAINST WHOM CHARGE IS BROU	b. Tel. No.
a. Name of Employer DENSO MANUFACTURING MICHIGAN, INC.		(269)965-3322
		c. Cell No.
Address (street, city, state ZIP code) e. Employer Representative		f. Fax No.
1 DENSO RD, BATTLE CREEK, MI		
49037-7313		g. e-Mail
		h. Dispute Location (City and State)
		Battle Creek, MI
Type of Establishment (factory, nursing home,	j. Principal Product or Service	k. Number of workers at dispute location
iotel)		2000
Factory	Auto parts	
	the Employer issued a disciplinary d activities with other employees fo	
because engaged in concerte		or mutual aid and protection.
pecause engaged in concerte B. Full name of party filing charge (if Isbor organiz	d activities with other employees for	or mutual aid and protection.
engaged in concerte B. Full name of party filing charge (if Isbor organiz (b) (6), (b) (7)(C) B. Address (street and number, city, state, and Z	d activities with other employees for	or mutual aid and protection.
pecause engaged in concerte B. Full name of party filing charge (if Isbor organiz	d activities with other employees for	or mutual aid and protection.
engaged in concerte B. Full name of party filing charge (if Isbor organiz (b) (6), (b) (7)(C) B. Address (street and number, city, state, and Z	d activities with other employees for	ber) 4b. Tel. No. (b) (6), (b) (7)(C)
because engaged in concerte 3. Full name of party filing charge (if Isbor organiz (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and 7 (b) (6), (b) (7)(C)	d activities with other employees for sation, give full name, including local name and num	or mutual aid and protection. ber) 4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail
because engaged in concerte 3. Full name of party filing charge (if Isbor organiz (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and 7 (b) (6), (b) (7)(C) 5. Full name of national or international labor organiz	d activities with other employees for	or mutual aid and protection. ber) 4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail
because engaged in concerte 3. Full name of party filing charge (if Isbor organize) (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and 7) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization) 6. DECLARATION 1. declare that I have read the above charge in the shore charge.	d activities with other employees for sation, give full name, including local name and num	or mutual aid and protection. ber) 4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail
engaged in concerte B. Full name of party filing charge (if labor organization) C. Full name of national or international labor organization) C. Full name of national or international labor organization) C. DECLARATION I declare that I have read the above charge in the property of	d activities with other employees for sation, give full name, including local name and num (IP code)	or mutual aid and protection. ber) 4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4d. Fax No. 4e. e-Mail (to be filled in when charge is filed by a labor
because engaged in concerte 3. Full name of party filing charge (if Isbor organiz (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and 7 (b) (6), (b) (7)(C) 5. Full name of national or international labor organization) 6. DECLARATION I declare that I have read the above charge of the party knowledge and belief. (b) (6), (b) (7)(C) (c)	d activities with other employees for sation, give full name, including local name and nume and nume and nume and nume and nume and sation of which it is an affiliate or constituent unit and that the statements are true to the best of (b) (6), (b) (7)(C)	or mutual aid and protection. ber) 4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail (to be filled in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C)
3. Full name of party filing charge (if Isbor organization) 4. Address (street and number, city, state, and 7 (b) (6), (b) (7)(C) 5. Full name of national or international labor organization) 6. DECLARATION 1 declare that I have read the above charge in the street of the street and the store charge in the street of the store charge in the street of the store charge in the store ch	d activities with other employees for sation, give full name, including local name and nume and nume and nume and nume and nume and sation of which it is an affiliate or constituent unit and that the statements are true to the best of (b) (6), (b) (7)(C)	or mutual aid and protection. Ab. Tel. No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully assist the National Labor Relations Board (NLRB) in processing untail labor practice and related proceedings of intigation. In Relational Labor Relations Board (NLRB) in processing untail labor practice and related proceedings of intigation. In Relational Labor Relations Board (NLRB) in processing untail labor practice and related proceedings of intigation. In Relational Labor Relations Board (NLRB) in processing untail labor practice and relation proceedings of intigation. In Relational Labor Relations Board (NLRB) in processing untail labor practice and relations beard (NLRB) in processin NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

07-CA-097748 Feb 6, 2013

	EMPLOYER AGAINST WHOM CHARGE IS BROWN	
a. Name of Employer MODEL COVERALL SERVICE, INC.		b Tel. No (616)241-6491
		c Cell No. (616)291-0895
ddress (street, city, state ZIP code) 00 28TH ST SE, GRAND RAPIDS, JOHN SUBAR, President		f. Fax No. (616)241-0677
MI 49548-1104		g. e-Mail
Type of Establishment (factory, nursing home, hotel) Factory and laundry	j. Principal Product or Service Uniforms and towels	k. Number of workers at dispute location 30
Desir of the Observational facility and assessment		
On or about (b) (6), (b) (7)(C) 2013, the Emconcerted activities with other employed from engaging in these activities. 3 Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C)		(b) (7)(C) because engaged in a d in order to discourage employees
On or about (b) (6), (b) (7)(C) 2013, the Emconcerted activities with other employed from engaging in these activities. 3 Full name of party filing charge (if labor organize)	uployer discharged its empoyee (b) (6), (ees protected by Section 7 of the Act, an ation, give full name, including local name and num	(b) (7)(C) because engaged in ad in order to discourage employees (b) (7)(C) because engaged in en
On or about (b) (6), (b) (7)(C) 2013, the Emconcerted activities with other employed from engaging in these activities. Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C)	uployer discharged its empoyee (b) (6), (ees protected by Section 7 of the Act, an ation, give full name, including local name and num	(b) (7)(C) because engaged in ad in order to discourage employees
On or about (b) (6), (b) (7)(C) 2013, the Emconcerted activities with other employers from engaging in these activities. 3 Full name of party filing charge (if labor organize (b) (6), (b) (7)(C) 42 Address (street and number city state and 7 (b) (6), (b) (7)(C)	aployer discharged its empoyee (b) (6), (ees protected by Section 7 of the Act, an ation, give full name, including local name and number (Code)	(b) (7)(C) because engaged in ad in order to discourage employees (b) (a) (b) (b) (c) (c) (d) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f
On or about (b) (6), (b) (7)(C) 2013, the Emconcerted activities with other employers from engaging in these activities. Full name of party filing charge (if labor organization) Address (b) (7)(C) Address (b) (7)(C) Full name of national or international labor organization) Enganization Consider that I have read the above charge a my knowledge and belief.	aployer discharged its empoyee (b) (6), (ees protected by Section 7 of the Act, an ation, give full name, including local name and number (Code)	(b) (7)(C) because engaged in ad in order to discourage employees (b) (a) (b) (b) (c) (c) (d) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f
On or about (b) (6), (b) (7)(C) 2013, the Emconcerted activities with other employers from engaging in these activities. Full name of party filing charge (if labor organization) Address (street and number city state and Z) (b) (6), (b) (7)(C) Full name of national or international labor organization) 6. DECLARATION I declare that I have read the above charge a	aployer discharged its empoyee (b) (6), (ees protected by Section 7 of the Act, an ation, give full name, including local name and number code)	(b) (7)(C) because engaged in ad in order to discourage employees (a) Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e.Mail (b) (6), (b) (7)(C) (to be miled in when charge is filed by a labor
On or about (b) (6), (b) (7)(C) 2013, the Emconcerted activities with other employers from engaging in these activities. 3 Full name of party filling charge (if labor organization) 4 Address (street and number city state and Z (b) (6), (b) (7)(C) 5 Full name of national or international labor organization) 6. DECLARATION I declare that I have read the above charge a my knowledge and belief. (b) (6), (c), (7)(C)	aployer discharged its empoyee (b) (6), (b) (ees protected by Section 7 of the Act, an ation, give full name, including local name and number of the Act, and that the statements are true to the best of b) (6), (b) (7)(C)	(b) (7)(C) because engaged in ad in order to discourage employees (a) Tel. No. (b) (6), (b) (7)(C) (c) Engaged in engaged in engaged in engage employees (b) (6), (b) (7)(C) (c) Engaged in engage engaged in

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

(b) (6). (b) (7)(C)

RESIDENT OFFICE REGION T GRAND RAPIDS, MI

5013 LEB - P VN 6: 50

NECEINED

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
07-CA-098128	2-11-2013

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b. Tel. No. 734-847-3802 a. Name of Employer Family Medical Center of Michigan c. Cell No. f. Fax No. 734-847-3418 e. Employer Representative d. Address (Street, city, state, and ZIP code) g. e-Mail 8765 Lewis Avenue' Chris Crowley Temperance, MI 48'82 h. Number of workers employed unknown approx 50 i. Type of Establishment (factory, mine, wholesaler, etc.) Identify principal product or service Federally qualified health center Health care k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 8A1 of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) 2, my employment contract was terminated by (b) (6), (b) (7)(C) of Family Medical Center of Michigan, in retaliation for protected concerted activities. 3. Full name of party filing charge (if labor organization, give full name, including local name and number) (b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) 4b. Tel. No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) 6. DECLARATION (b) (6), (b) (7)(C that the statements are true to the best of my knowledge and belief. Office, if any, Cell No. charge) (Print/type name and title or office, if any) Fax No. b) (6), (b) (7)(C e-Mail (b) (6), (b) (7)(C) 2/8/13 (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

(date)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Roard (NLRA) in processing unfair labor practice and related proceedings or litination. The routine uses for the information are fully set forth in

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
07-CA-098370	1-22-2013

INSTRUCTIONS:

	R AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer	THE MILE THE PROPERTY OF THE P	b. Tel. No.
Mercy mumorial hospital sy	stem	(734) 240-8820 c. Cell No. N/A
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	f. Fax No. (734) 240-8821
718 n. macomb 5+.	Manager 4 north	g. e-Mail
Monroe, mi 48162	Janet Spare Annette Phillips: CEO	h. Number of workers employed
i. Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or service Nealth care	
subsections) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of the National La aning of the Act, or these unfair labor practices are u	bor Relations Act, and these unfair labor
2. Basis of the Charge (set forth a clear and concise statem	nent of the facts constituting the alleged unfair labor p	practices)
b) (6), (b) (7)(C)	u employer terminate	ed me in retaliation
for my protected concurd	ed activities and uni	on activities.
b) (6), (b) (7)(C)		
b) (6), (b) (7)(C)	e full name, including local name and number)	(b) (b) (b) (7)
b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code)		(b) (b) (c) (b) (7)
3. Full name of party filing charge (if labor organization, given b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)
b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code)		(b) (6), (b) (7)(C)
b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of	(6).(b) (7	(b) (6), (b) (7)(C) 4d. Fax No. 77 (7) (b) (6), (b) (7)(C)
b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization organization)	of which it is an affiliate or constituent unit (to be filled	(b) (6), (b) (7)(C) 4d. Fax No. 77 (7) (b) (6), (b) (7)(C)
b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization organization) (c) \(\sum_{\text{\t	of which it is an affiliate or constituent unit (to be filled) FION lents are true to the best of my knowledge and belief. (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C) 4d. Fax No. 1 (2) (b) (6), (b) (7)(C) d in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C) Office if any Cell No. (b) (6), (b) (7)(C)
b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization organization) \(\bar{\gamma}\) \(\bar{\gamma}\) 1 declare that I have read the above charge and that the statem (b) (6), (b) (7)(C)	of which it is an affiliate or constituent unit (to be filled) FION ents are true to the best of my knowledge and belief.	(b) (6), (b) (7)(C) 4d. Fax No. Y (X) (b) (6), (b) (7)(C) d in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C)

PRIVACY ACT STATEMENT

INTERNET FORM NURB-SU1 (7-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case Date Filed 07-CA-098566 2-15-2013

INSTRUCTIONS:	~ ,	CII U	
INSTRUCTIONS.	-	-	-
File as outsinal with NLRB Regional Director for the region in which the alleged unfair labor ora	ctice	occurred of	10

1 EMPLOYER AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer /420662.	b. Tel Ng 232-7/37 c. Cell No
d Address (Street, city, state, and ZIP code) 5180 Fenton RD Employer Representative Kimbelly France	f Fax No.
Type of Establishment (factory, mine, wholesaler, etc.) Joint of the product of service	Merior of workers employed
practices are practices affecting commerce within the meaning of the Act, or those unfair labor practices are within the meaning of the Act and the Postal Reorganization Act.	unfair practices affecting commerce
2 Basic of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor 6 1	(b) (6), (b) (7)(C)
5 Full name of national or international labor organization of which it is an affiliate or constituent unit (to be fille organization) Linute: Fock + Chining of the labor of the fille of	Tel No Office, if any, Cell No
Adduss	e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

INTERNET FORM NURB-501

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

	- A -	FORM EXEMPT UNDER 44 U.S.C.351	2	
	DO NOT WRI	TE IN THIS SPACE		
Case	-1	Date Filed	****	
07-0	CA-099027	2-25-13		

CHARGE AGAIL	NST EMPLOYER	Case	Date Filed
ISTRUCTIONS:		07-CA-0990	27 2-25-13
le an original with NLRB Regional Director for the r			ring.
the second second	EMPLOYER AGAINST WHO!		b. Tel No.
Alpha (Nedical Trans	sit Inc.	6. Cell No
			If Fay No.
d. Address (Street, city, state, and ZIP code)		epresentative	X (269) 565-4448
474 Main St.	1 01a	Olowa	g e-Man
Battle Creek, MI 490	14		h. Number of workers employed X Not Surc here in file
Type of Establishment (factory, mine, wholesa		ipal product or service	IN Wall Saile Here III
I can sportation Services. The above-named employer has engaged in a	Trans	sportation	
	and is engaging in unfair labor pra	actices within the meaning of se	action 8(a), subsections (1) and (list
subsections)			bor Relations Act, and these unfair labo
practices are practices affecting commerce w within the meaning of the Act and the Postal I		nese unfair labor practices are u	Infair practices affecting commerce
. Basis of the Charge (set forth a clear and cor	noise statement of the facts const	ituting the alleged unfair labor p	practices)
Since in or about (6)(8),(6)(7)(6)			_
protected concerted activities with other	이 그 경에 자꾸하다 시작했습니까. 이 회원에 어떤 이 모나이 어디었다.		
contractor and because he complained	d about the unsafe condition	on of the vehicles he drov	e. Transacional
in a hit and run accide.	t 00 (6) (6) (7)(C)	he compone state	es Ture at authoriz
la la contrata de T		- company star	Clas Can Test AC
to drive vehicle, when I	was doing so sox t	other mark 49 pa	Ace company issues
vehicles to employees in	t lint to keep. Com	upany states & an	n tully responsible
for payment of vehicle a	and indirectly dis	charging my wor	٤.
(6), (6), (7)(C) arty filing charge (If labor organ	nization give full name including	local name and number)	ier
b) (6), (b) (7)(C)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	70-41	- 7000	The second of th
a. Address (Street and number, city, state, and	(ZIP code)		
b) (6), (b) (7)(C)			4b. Tel. No. (b) (6), (b) (7)(C)
			(b) (6), (b) (7)(C) 4c, Cell No.
	0		(b) (6), (b) (7)(C) (4c, Cell No. (b) (6), (b) (7)(C)
	,		(b) (6), (b) (7)(C) (4c, Cell No. (b) (6), (b) (7)(C) (4d, Fax No.
			(b) (6), (b) (7)(C) (4c, Cell No. (b) (6), (b) (7)(C)
			(b) (6), (b) (7)(C) (4c, Cell No. (b) (6), (b) (7)(C) (4d, Fax No.
Full name of national or international labor of	Manzaling of which it is no efficie	te or constituent was to be file	(b) (6), (b) (7)(C) 4c, Cell No. (b) (6), (b) (7)(C) 4f Fax No. (b) (6), (b) (7)(C) 4e B-Mall
	ganization of which it is an affilial	te or constituent unit (to be filled	(b) (6), (b) (7)(C) 4c, Cell No. (b) (6), (b) (7)(C) 4f Fax No. (b) (6), (b) (7)(C) 4e B-Mall
	rganization of which it is an affilial	te or constituent unit (to be filled	(b) (6), (b) (7)(C) 4c, Cell No. (b) (6), (b) (7)(C) 4f Fax No. (b) (6), (b) (7)(C) 4e B-Mall
rganization)	DECLARATION		(b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. (c) Fax No. Tel No.
rganization) 6 I declare that I have read the above charge and thi	DECLARATION		(b) (6), (b) (7)(C) 4c, Cell No. (b) (6), (b) (7)(C) 4f Fax No. (b) (6), (b) (7)(C) 4e Fax No. (c) (b) (6), (b) (7)(C) 4e Fax No. (d) (6), (b) (7)(C) Tel No. (b) (6), (b) (7)(C)
inganization) 6 I declare that I have read the above charge and this	DECLARATION		(b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. (b) (6), (b) (7)(C) 4e. Holding 4e. Holding 4e. When charge is filed by a labor Tel No.
inganization) 6 I declare that I have read the above charge and this	DECLARATION at the statements are true to the bes An Individual		(b) (6), (b) (7)(C) 4c, Cell No. (b) (6), (b) (7)(C) 4d, F8x No. (b) (6), (b) (7)(C) 4e, F8x No. (b) (6), (b) (7)(C) 4e, F8x No. (b) (6), (b) (7)(C) Tel No. (b) (6), (b) (7)(C) Office, if any, Cell No.
indeclare that I have read the above charge and the	DECLARATION at the statements are true to the bes An Individual	it of my knowledge and belief.	(b) (6), (b) (7)(C) 4c, Cell No. (b) (6), (b) (7)(C) 4d, Fax No. (b) (6), (b) (7)(C) 4e
indeclare that I have read the above charge and the	DECLARATION at the statements are true to the bes An Individual	of my knowledge and belief.	(b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. (b) (6), (b) (7)(C) 4e. Fax No. (c) (b) (6), (b) (7)(C) Tel No. (b) (6), (b) (7)(C) Office, if any, Cell No.
i declare that I have read the above charge and the	DECLARATION at the statements are true to the bes An Individual	it of my knowledge and belief.	(b) (6), (b) (7)(C) 4c, Cell No. (b) (6), (b) (7)(C) 4d, Fax No. (b) (6), (b) (7)(C) 4e, Fax No. (b) (6), (b) (7)(C) Tel No. (b) (6), (b) (7)(C) Office, if any, Cell No. Fax No. (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 3512 DO NOT WRITE IN THIS SPACE

Case Date Filed

NSTRUCTIONS:	07-CA-	-099033	2-25-2013
The an original with NLRB Regional Director for the region in which	the alleged unfair labor practice occurred	or is occurring.	
	AGAINST WHOM CHARGE IS BR	OUGHT	
Name of Employer		b . 1	Tel. No. 734-455-0510
Heartland Plymouth Court		c. (Cell No.
d. Address (Street, city, state, and ZIP code)	e Employer Representative	f. F	ax No. 734-455-7359
105 N Haggerty Rd. Plymouth, MI 48170	Giles Ziolkowski, Administra	ator g. e	e-Mail
Flythouth, wii 48170		h. 1	Number of workers employed
Type of Establishment (factory, mlne, wholesaler, etc.) Nursing Home	j. Identify principal product or servi Health Care	се	
k The above-named employer has engaged in and is engagin	g in unfair labor practices within the me	eaning of section 8(a	e), subsections (1) and (hst
subsections) 8(a)(1), 8(a)(3)	of the l	National Labor Rela	tions Act, and these unfair labor
practices are practices affecting commerce within the mean within the meaning of the Act and the Postal Reorganization	•	ctices are unfair pra	ctices effecting commerce
2 Basis of the Charge (set forth a clear and concise statemen	nt of the facts constituting the alleged u	nfair labor practices	-10-7
Employee was terminated due to Employer retribe	(b) (6), (b	was singled out	
by Employer in violation of this Act.			
			Α,
			707
			βF1
			R 2013 FEB , DETI
			RO
2 5 11 2 2 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2		-41	RECEIVANDE REGION FEB 25 P DETROIT
3 Full name of party filing charge (If labor organization, give it Service Employees International Union Health Ca	uli name, including local name and num are Michigan	iber)	HI VED
4a Address (Street and number, city, state, and ZIP code)	//	4b Te	I. No. 313-963-3847
2604 4th Street Detroit, Mr 48201		4c. Cel	II No.
		4d. Fa	^{9x No} 313-965-0422
		4e. e-N	/leil
5 Full name of national or International labor organization of organization)	which it is an affiliete or constituent unit	(to be filled in when	charge is filed by a labor
6. DECLARATIO I declare that I have read the above charge and that the statemen		Tel No	313-409-1298
By Meta C. L. Ma	tt Carpenter	Office,	if any, Cell No.
Isignature of representative or person making charge)	(Print/type name and title or office, if any)		313-965-0422
Thou 4th ST Down 411	18201 2-25		carpenter@seiuhcmi.org
WOODSE ZGOY YM ST. DEVOY, MI	18201 = 20		carpenter@seiuhcmi.org

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

(b)	(6)	(D)	(7)(C
(P)	(-),	\~ <i>)</i>	(, V)

				FORM EXEMPT LIVER 44 U.S C 3512
NTERNET FORK NURBER	UNITED STATES OF AMER		DO NOT	WRITE IN THIS SPACE
(2-38)	NATIONAL LABOR RELATIONS CHARGE AGAINST EMPL		Case	Date Filed
NSTRUCTIONS:	B Regional Director for the region in which	h the alleged unfair labor p	07-CA-09918	
		RAGAINST WHOM CH	ARGE IS BROUGHT	V WV ED
a Name of Employe				b. Tel No. 734-429-6900
Faurecia Interior	Systems			c. Call No.
	13.0020			f. Fax No.
Address (Street, city st	- 1500 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e Employer Renres		- No. 9
7700 E. Michigan Ave. Saline MI 48176		Michael Karpac	K	g. e-Mail
				h. Number of workers employed
			of the original to	1500
i Tyuc of Establishm Factory	nent (factory, mine, wholesater, etc.)	j. Identify principal p Automotive	rudud of service	
	employer has ongaged in and is engage	jing in unfair labor practice	s within the meaning of sec	dion 8(a), subsections (1) and (list
subsections) 7	a e subsect of the contract and the	and the second second		or Relations Act, and these unfair labor
	tices affecting continerce within the mo y of the Act and the Postal Reorganizal		unfair labor practices are in	fair practices affecting cummerce
2 Basis of the Chan	ge (set forth a clear and concise statem	ent of the fects constituting	g the alleged unfair labor pr	ractices)
	against for protected concerted		544 July 15 10 10 10 10 10 10 10 10 10 10 10 10 10	
3 Full name of party	filing charge (if labor organization give	a full name including loca	name and number)	
(b) (6), (b) (7)(0				
4a. Address (Sueer	eno number, oly, slate, and 7IP cube)	- 4 4		4b. 1el. No (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)			4c. Cell No.
				4d, Fax No.
				(6) (6) (7)(C) (6), (b) (7)(C)
5. Full name of nation organization)	onal or international labor organization (of which it is an affiliate or	nonstiwent unit (to be filled	in when charge is lifed by a labor
	6 DECLARA		-4 + -4	Tel. No. (12 Year)
Table Street Street Street Street	read the above charge and that the statem		ny knowledge and belief.	(b) (b), (b) (7)(C)
(b) (6), (b) (7)(C)			Office, if any, Cell No
symature or repres	or poson making charge)	(Printa pe name and Ste	or office, it any	Fax No.
			ana none dia	e-Mail
(b) (6),	(b) (7)(C)		2/27/2013	(b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

02/28/2013 23:05

8107856867

	FORM EXEMPT UNDER 44 U.3 C.S	
DO NOT W	RITE IN THIS SPACE	
Casc	Date Filed	
07-CA-099462	3-1-13	

	INITED STATES OF AMERICA INAL LABOR RELATIONS BOA		DO NOT V	k	ITE IN THIS SPACE
	RGE AGAINST EMPLOYE		Case		Date Filed
NSTRUCTIONS:	•		07-CA-099462		3–1–13
lie en original with NLRB Regional I	lirector for the region in which the	alloged unfair labor prac	stico occurred or la cocurrin	4	
	1, EMPLOYER AC	BAINST WHOM CHA	RGE IS BROUGHT	#	
a Name of Employer	}			٤	Tel. No. 810-630-6032
Sherman Heating & Cooling	n'g			c	, Cell No.
	ļ			-	Fax No.
d. Address (Street, city, state, ar	11 ZIP code)	e. Employer Represer	ntative	1	E BY LAN
4500 Morrish Rd		Doug Sherman		8	. t-Mall
Swartz Creek, MI 48473	1			H	
					n. Number of workers employed 8-10
I. Typo of Establishment (factory, Construction/Serivce Co	nine, wholeseler, etc.)	J. Identify principal pro Sheet Metal Com		1	-,-
k The above-named employer h	angeged in and is engaging i	In unfair labor practices	within the meaning of sect	ide	8(a), aubsections (1) and (list
aubsections)			of the National Labo	ır İA	clations Act, and these unfair labor
	in commorce within the meaning and the Postal Reorganization A	-	ifair lebor practices are uni	ia r	practices affecting commerce
2 Reals of the Charge (set forth	& clear and concise statement	of the facts constituting	the elleged unfair labor pre	70	nes)
In the past six (6) months,				- 11	•
employee's and has threa	tened to keep said emplo	yee's from being hi	red due to their unior)	divitles.
	· t			- [
	.1 !!				
	1				
				П	
	1			Щ	
				4	
3. Full name of party tiling charge. Street Metal Workers Inte	ielli jabor organization, give iuli mational Association Loc	лете, тсиата тося п al Union No. 7	iame end number)		
	<u> </u>	<u> </u>			
46. Address (Street and number	, city, state, and ZIP code)			4	Tel. No. 517-882-4064
4931 Contec Drive			Ì	Ãď.	Cell No.
Lansing, MI 48910	Fi.			4	Fax No. 545 age
	1		ļ	I	Fax No. 517-882-4510
				44	e-Mail
5. Full name of national or inter	nalional labor organization of wi	high It is an affiliate or o	pretituent unit (to be filled	in	nen charge is filed by a labor
erganization) International A	Association of Sheet Meta	il, Air, Rail and Trai	nsportation Workers		
i declare the have read the page	6. DECLARATION ve charge and that the statements	Bre true to the best of my	rknowledge and belief,	Ţ	. No. 810-785-6831
Kolph +	Rair	oh Fick/ Business R	Representative	g	ce, if any, Cell No. 10-836-3552
(signature of representative or p		(Print/type name and lise o	'	F	K No. 810-785-8867
4931 contec Drive,	Lansing/Mi 48910		02-28-13		lell phficklu7@gmail.com
Address.		TO THE WALL CONTRACT	10018)	닉	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. PODE, TITLE 18, SECTION 1001)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
07-CA-099474	March 1, 2013		

INSTRUCTIONS:

le an original with NLRB Regional Director for the region in which 1. EMPLOYER	n the alleged unfair labor practice occurred or is occur R AGAINST WHOM CHARGE IS BROUGHT	rring.
a. Name of Employer		b. Tel. No. (616) 391-0596
Spectrum Health System		c. Cell No.
		f. Fax No.
d. Address (Street, city, state, and ZIP code) 665 Seward, NW Grand Rapids, MI 49504	e. Employer Representative Tammie Marlowe	g. e-Mail
		h. Number of workers employed
Type of Establishment (factory, mine, wholesaler, etc.) Clinical Call Center	j. Identify principal product or service after hours triage	
The above-named employer has engaged in and is engaging subsections) (4) practices are practices affecting commerce within the mean within the meaning of the Act and the Postal Reorganization.	of the National La	abor Relations Act, and these unfair labor
The Employer engaged in this pattern of conducted and protection, and because filed charges are. Full name of party filing charge (if labor organization, give	rough (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) 2013 discrimination against to because I engaged in concerted activition gave testimony under the NLRA.	described above.
b) (6), (b) (7)(C)		
a Address (Street and number, city, state, and ZIP code)		4b. Tel. No. (b) (6), (b) (7)(C)
b) (6), (b) (7)(C)		4c. Cell No. (b) (6), (b) (7)(C)
		4d. Fax No.
		4e. e-Mail (b) (6), (b) (7)(C)
 Full name of national or international labor organization of organization) 	f which it is an affiliate or constituent unit (to be fille	ed in when charge is filed by a labor
6. DECLARATING declare that I have read to above charge and that the attempt (b) (6), (b) (7)(C)	ON1	
(-) (-) (-) (-)	on on the best of my knowledge and belief.	Tel. No. (b) (6), (b) (7)(C)
(b	onts are true to the best of my knowledge and belief. (6), (b) (7)(C)	Tel. No. (b) (6), (b) (7)(C) Office, if any, Cell No.
	ints are true to the best of my knowledge and belief.	
(b	onts are true to the best of my knowledge and belief. (6), (b) (7)(C)	Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	TOTAL EXCENT TOTALETT TOTALETT TOTALETT			
DO NOT WRITE IN THIS SPACE				
Case 07-CA-099476	Date Filed March 1, 2013			

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in whic	h the alleged unfair labor practice occurred or is occu R AGAINST WHOM CHARGE IS BROUGHT		
a. Name of Employer	CACAINOT WICH CHARGE IS BROOGHT	b. Tel. No. (616) 391-0596	
Spectrum Health System		c. Cell No.	
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	f. Fax No.	
665 Seward, NW	Townsia Madausa	g. e-Mail	
Grand Rapids, MI 49504	Tammie Marlowe	h. Number of workers employed	
		50	
Type of Establishment (factory, mine, wholesaler, etc.) Clinical Call Center	 j. Identify principal product or service after hours triage 		
k. The above-named employer has engaged in and is engag		section 8(a), subsections (1) and (list	
subsections) (4)	of the National L	abor Relations Act, and these unfair labor	
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganizati	aning of the Act, or these unfair labor practices are	이 나가는 가는 아이는 아이들이 가득하는 말이 되는 것이다. 하는 것이 아름이다면 하는	
2. Basis of the Charge (set forth a clear and concise stateme	ent of the facts constituting the alleged unfair labor	practices)	
-Since about (b) (6), (b) (7)(C) 2013, the Employer has		rous work schedule, requiring three	
8-hour shifts over a 2-week period rather than tw		(/b) /C) /b) /Z)/O)	
-Since on or about (b) (6), (b) (7)(C) 2013, the Employ			
-Since on or about (b) (6), (b) (7)(C) 2013, the Employee the daily schedule, and substituted the		ne (b) (b) (b) (c) designation on	
the daily schedule, and substituted the	designation.		
The Employer engaged in this pattern of conduc		ies with other employees for mutual	
aid and protection, and because I filed charges a	and gave testimony under the NLRA.		
3. Full name of party filing charge (if labor organization, give	full name, including local name and number)		
(b) (6), (b) (7)(C)			
4a. Address (Street and number, city, state, and ZIP code)		4b. Tel. No. (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)		4c. Cell No.	
C-7 (-) (C-7		4d. Fax No.	
		4e. e-Mail	
		(b) (6), (b) (7)(C)	
Full name of national or international labor organization o organization)	f which it is an affiliate or constituent unit (to be fill	ed in when charge is filed by a labor	
I declare that I have seed the property of the party of t	ON	Tel. No. (b) (6), (b) (7)(C)	
r deciale that i have read in redover harge, more in the read to refer	ents are true to the best of my knowledge and belief.		
(b) (6), (b) (7)(C)	o) (6), (b) (7)(C)	Office, if any, Cell No.	
(b) (6) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(Print/type name and title or office, if any)	Fax No.	
-cost			
(b) (6), (b) (7)(C)	2-1-13	e-Mail	
Address	(date)	(b) (6), (b) (7)(C)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Address

UNITED STATES OF AMERICA NATIONAL LAI IOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

711.751-01-					
	DO NO	WRITE	IN THIS	SPACE	
380			Date Filed	~	- 20
7-CF	A-0995	99	3-4-2	2013	

NSTRUCTIONS:	0	7-CA-099599	3-4-2013
lie an original with NLRB Regional Director for the region in which the	The state of the s	The state of the s	en la composition de la compos
a. Name of Employer Motor City Casino	ga <u>iņst whom ch</u> argi	b	Tel. No. 237-7777
Andrews Commission Commission of the Commission		the second secon	Fax No.
d. Address (Sireer, city, state, and ZIP cone) 2 2901 Grand River Ave	Rebecea Mi	l n	e-Mail
Det., MI 48201			Number of work employed
Type of Establishment (factory, mine, wholesaler, etc.) casino	j. Identify principal product waitress	t or service	
k The above-named employer has engaged in and is engaging subsections) wrongful termination	In unfair labor practices within		B(a), subsections (1) and (list stations Act, and these unfair labor
practices are practices affecting commerce within the meanin within the meaning of the Act and the Postal Reorganization			
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting the a	illeged unfair labor practice	95)
Termination due to wrongful information due to ma	nagement.		
			26
			7013 HAR -4 DETRO
			B E
			778
			PH 32
			= = = = = =
(b) (6), (b) (7)(C)	Il name, including local name	and number)	1.42
4a. Address (Street and number, city, state, and ZIP code)	and the second of the second of the second	46	Yel. No.
(b) (6), (b) (7)(C)		4c. (Cell No.
		40.	Fax No.
		46	e-Mail
Full name of national or International labor organization of worganization)	which It is an affiliate or constit	tuant unit (to be filled in wh	nen charge is filed by a labor
6. DECLARATION declare that I have read the above charge and that the statements	N s are true to the best of my know	and the first contract the first property	No.
(b) (7)(C)	(6), (b) (7)(C)	Om (b	ce. (f any, Cell No.) (6), (b) (7)(C)
(signature of representative or person making charge)	(Pnnt/type name and title or offic	e If any) Fax	No
(b) (6), (b) (7)(C)		Warch 4,2013	ail) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1901)
PRIVACY ACT STATEMENT

FORM EXEMPT UNDER 44 U.S.C. 3512

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
07-CA-099778	3-6-2013		

INSTRUCTIONS

File an original with the NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST	WHOM CHARGE IS BROUGHT
a. Name of Employer	b. Number of workers employed
CARAVAN FACILITIES MO	,
c. Address (street, city, state, ZIP code)	d. Employer Representative e. Telephone No. (989) 399 0000
1400 WEISS ST. 48602 f. Type of Establishment (factory, mine, wholesaler, etc.)	MS. LITTLE Fax No. X 219
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service
FACTORY	JALLITORIAL SERVICES
Labor Relations Act, and these unfair labor practices are unfair practices	
affecting commerce within the meaning of the Act and the Postal Reorga 2. Basis of the Charge (set forth a clear and concise statement of the fact	
- UNEQUAL APPLICATION AGREEMENT - DISCHARGED VAN PEPI	RESELTATIVE ARBITRARILLY.
3. Full name of party filing charge (if labor organization, give full name, in UAW Local 51	including local name and number)
4a. Address (street and number, city, state and ZIP code) 3000 Conner, Detroit MI 48215	4b. Telephone No
	Fax No.
5 Full name of national or international labor organization of which it is a organization)	an affiliate or constituent unit (to be filled in when charge is filed by a labor
International Union, United Automobile, Aerospace a	and Agricultural Implement Workers of America
(UAW), AFL-CIO	CLARATION
	e statements are true to the best of my knowledge and belief.
	V LONGIN- PARIT - DOLE ING
(Signature of representative or person making charge)	V LORENZO POOLE - PRESIDEN (Print/type name and title or office, if any) UNW LOCAL 5
	(Tel.) 3138215635
3000 CONNER DET, MI. 4621	15 (Fax) 3138215717 3-4-13 V
(Address)	(Date) SHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

INTERNET FORM NLRB-501

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WR	ITE IN THIS SPACE	
Case	Date Filed	
07-CA-099984	March 11, 2013	

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in whic	h the alleged unfair labor practice occurred or is occu R AGAINST WHOM CHARGE IS BROUGHT	The second secon	
a Name of Employer		b. Tel. No 616-784-5004	
Dinacy, Inc., d/b/a Once Upon A Child		c. Cell No	
		C. CONTO	
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	f. Fax No.	
3343 Alpine Avenue Walker, MI 49544	Judy Bradford	g. e-Mail	
		h. Number of workers employed 20	
i. Type of Establishment (factory, mine, wholesaler, etc.) Retail	j. Identify principal product or service Resale		
subsections) practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization. 2. Basis of the Charge (set forth a clear and concise statement)	ining of the Act, or these unfair labor practices are on Act		
3. Full name of party filing charge (if labor organization, give	full name, including local name and number)	RECEIVED NLRB 2013 MAR I I PM 12: 22 RESIDENT OFFICE REGION 7 GRAND RAPIDS. MI	
		Lth Tol No	
4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)		4b. Tel. No.	
		4c. Cell No. (b) (6), (b) (7)(C)	
		4d Fax No.	
		4e. e-Mail	
		(b) (6), (b) (7)(C)	
 Full name of national or international labor organization of organization) 	which it is an affiliate or constituent unit (to be fille	ed in when charge is filed by a labor	
6. DECLARATIOn that the statement of the	ON nts are true to the best of my knowledge and belief.	Tel No.	
(6), (7) 	Individual	Office, if any, Cell No. (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)	(Pnnt/lype name and title or office, if any)	Fax No.	
(b) (6), (b) (7)(C)	03/11/2013	e-Mail (b) (6), (b) (7)(C)	
Address	(date)	(5) (5), (5) (1)(5)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
07-CA-100094	3-12-2013	

INSTRI	TWO THE R	ANC.
110011111		

Name of Employer	WHOM CHARGE IS BROUGHT	k Mo	mber of workers employed
Ferguson Enterprises		B 140	dozen +
Address (Street, city, state, and ZIP code)	d Employee Paymentatio	10	e. Telephone No.
	d. Employer Represetative Brian Dorion	ve	734-637-1712
500 Grand River, New Hudson MI 48165	Ditail Dollon		Fax No.
Type of Establishment (factory, mine, wholesaler, etc.)	g Identify principal product	or service	
lumbing wholesaler	plumbing products		
The above-named employer has engaged in and is engaging in and (list subsections) and these unfair labor practices are practices affecting commerce practices affecting commerce within the meaing of the Act and the Basis of the Charge (set forth a clear and concise statement of the facts). The Employer conducted an investigatory interview with wenthough I requested the presence of a union representation.	the within the meaing of the Act, the Postal Reorganization Act. constituting the alleged unfair labor partial than the which lead to disciplinative.	of the lor these un	National Labor Relations A fair labor practices are unfa
(6), (b) (7)(C) Address (Street and number, city, state, and ZIP code)	ncluding local name and number)		4b. Telephone No
(6), (b) (7)(C) 1. Address (Street and number, city, state, and ZIP code)	ncluding local name and number)		4b. Telephone No (b) (6), (b) (7)(C) Fax No.
(6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of which it is an		ed in when o	Fax No.
(6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of which it is an organization) United Brotherhood of Carpenters and Joiners of America 6. DEC	n affiliate or constituent unit (to be fille		Fax No. Charge is filed by a labor
(6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of which it is an organization) United Brotherhood of Carpenters and Joiners of America 6. DEC I declare that I have read the above charge and that the (b) (6), (b) (7)(C)	n affiliate or constituent unit (to be fille	of my kno	Fax No. charge is filed by a labor wledge and belief.
(6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of which it is an organization) United Brotherhood of Carpenters and Joiners of America 6. DEC I declare that I have read the above charge and that the (b) (6), (b) (7)(C)	n affiliate or constituent unit (to be fille	of my kno	Fax No. Charge is filed by a labor wledge and belief. Individual
(6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of which it is an organization) United Brotherhood of Carpenters and Joiners of America 6. DEC I declare that I have read the above charge and that the (b) (6), (b) (7)(C)	n affiliate or constituent unit (to be fille CLARATION e statements are true to the best	of my kno	Fax No. charge is filed by a labor wledge and belief.
(6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of which it is an organization) United Brotherhood of Carpenters and Joiners of America 6. DEC I declare that I have read the above charge and that the (b) (6), (b) (7)(C)	n affiliate or constituent unit (to be fill CLARATION	of my kno	Fax No. Charge is filed by a labor wledge and belief. Individual

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U. S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

0598

INTERNET FORM NLR8-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U.S.C 3512
DO NOT WRI	TE IN THIS SPACE
Case	Date Filed
07 Ch 100283	3-13-2013

	he alleged unfair labor practice occurred or in occu	ming.
	AGAINST WHOM CHARGE IS BROUGHT	S. T.U.No.
a. Name of Employer		b. Ти. No. 586-977-4576
Chrysler LLC		p. Call No
Control of the contro	e. Employer Representative	1. Fat No.
d. Address (Street, eity, state, and ZIP code) 35777 Van Dyke Ave, Sterling Heights Michigan, 48312	Kris Phillips	g. c-Mail lkp46@Chrysler.com
		h. Number of workers employed
. Type of Establishment (factory, mine, wholesaler, etc.) factory	j. Identify principal product or service Metal Stampings	and September and Assessment
The above-named employer has engaged in and is engaging authorities. practices are gradices affecting commerce within the meaning within the meaning of the Act and the Postal Reorganization.	of the Nettonal Li	abor Relations Act, and these unfair labor
contract violatons including harassment of (b) (6) who is one of the (b) (6), (b) (7)(C) in department	also instituted a PIP prod	cess as a punitive measure again
	er UAW members in the ^(b) (^{6), (b)} (7)(⁰	Odepartment.
	er UAW members in the (b) (6), (b) (7)(0	department.
(b) (6), (b) (7)(C) charge (if labor organization, give fu	er UAW members in the ^(b) (^{6), (b)} (7)(⁰	department. 4b, Tel, No.
(b) (6), (b) (7)(C) charge (if labor organization, give full 10). As Address (Street and number, city, state, and ZIP code)	er UAW members in the ^(b) (^{6), (b)} (7)(⁰	department.
(b) (6), (b) (7)(C) charge (if labor organization, give full of the following of the follow	er UAW members in the ^(b) (^{6), (b)} (7)(⁰	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fatt No.
(b) (6), (b) (7)(C) change (if labor organization, give full and (b) (6), (c) (7)(C) change (if labor organization, give full (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	er UAW members in the ^(b) (^{6), (b)} (7)(⁰	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) change (if lebor organization, give full as Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) 5. Full name of national or international labor organization of washingtone)	er UAW members in the (^D) (^O), (D) (7)(C	4b. Tel. No 4c. Cell No (b) (6), (b) (7)(C) 4d. Fat No 4c. c-Mall (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) charge (if lebor organization, give full of the state of the st	er UAW members in the (b) (c), (b) (f)(c) If name, including local name and number) which it is an affiliate or constituent unit (to be file)	4b. Tel. No 4c. Cell No (b) (6), (b) (7)(C) 4d. Fat No 4c. c-Mall (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) charge (if lebor organization, give full states of the states of t	er UAW members in the (b) (c), (b) (f)(c) If name, including local name and number) which it is an affiliate or constituent unit (to be file)	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fat. No. 4o. c-Mall (b) (6), (b) (7)(C) ac in when charge is filed by a labor
(b) (6), (b) (7)(C) charge (if labor organization, give full states (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) 5. Full name of national or international tabor organization of worganization) United Automobile Aerospace and Agr (6. DECLARATION) I doctare that I have read the above charge and that the statements	er UAW members in the (b) (c), (b) (f)(c), (c) (f)(c), (d) (f)(c), (e), (e), (f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(4b. Tel. No 4c. Cellino (b) (6), (b) (7)(C) 4c. Fat No 4c. s-Mall (b) (6), (b) (7)(C) ad the charge is filed by a labor at Tel. No (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or Illigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

(dete)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
07-CA-100460	3-15-2013		

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HINT	$^{\circ}$	ハエ	IONS:	
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File an original with NLRB Regional Director for the region in which 1. EMPLOYER	AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Tel. No. 734-586-5230
Bartlett Nuclear Inc		
		c. Cell No.
		f. Fax No.
d Address (Street, city, state, and ZIP code)	e. Employer Representative	a o Meil
6400 N. Dixie Hwy Newport, MI 48166-9726	Aaron Blizzard	g. e-Mail
Newport, wii 46 100-9720		h. Newbox of waters omelayed
		h. Number of workers employed 15
i Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or service	
Electric generation plant decontamination	Energy	
k. The above-named employer has engaged in and is engagin		
subsections) 8(a)(3) and 8(a)(5)		abor Relations Act, and these unfair labor
practices are practices affecting commerce within the mean within the meaning of the Act and the Postal Reorganization		unfair practices affecting commerce
2 Basis of the Charge (set forth a clear and concise statemen		
1. Utility Workers Union of America Local 223, AF		
maintenance employees employed by Bartlett Nu	clear at the Detroit Edison Company Fe	tttii it raciity.
[see attached]		<u>~</u>
•		RECEIVED NLRB REGION 7 2013 MAR 15 PH 1 DETROIT, MI
		RO
		Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
		1
 Full name of party filing charge (if lebor organization, give fi Utility Workers Union of America (UWUA) Local 2 	ull name including local name and number))
Other Workers Official of Afficiate (OWON) 200412	25, Al E GIOT GWOI GOTTOMON BIVISION	,
4a Address (Street and number, city, state, and ZIP code)		4b. Tel. No. 313-965-0235
15160 N. Commerce Drive Dearborn, MI 48120		4c. Cell No.
·		4d, Fax No.
		4e. e-Mall
5 Full name of national or international labor organization of v	which it is an affillate or constituent unit (to be filled	d in when charge is filed by a labor
organization) UWUA, AFL-CIO	.,,,,,	
0.750		Tol No.
6. DECLARATION declars that the statement		Tel. No. 248-395-9750
	on Counsel	Office, if any, Cell No.
(signature of terresentative or person making charge)	(Print/type name and title or office, if any)	Fax No.
South and mi 480	03-15-13	e-Mail
Address 2007 / CO	/ J (date)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

ATTACHMENT March 15, 2013

- 2. Local 223 filed its RC petition to represent Bartlett employees at Fermi II on or about December 4, 2012. An election was conducted on January 15, 2013 among unit employees. Local 223 was certified as the unit's exclusive agent for collective bargaining on January 24, 2013.
- 3. Directly thereafter, Bartlett supervisors began a campaign of intimidation and harassment against Union adherents, issuing trivial disciplinary citations of a sort that were not issued prior to the Union campaign.

Specifically, on (b) (6), (b) (7)(C) 2013 unit Union activist (b) (6), (b) (7)(C) was cited for being 15 minutes late, a citation completely out of the realm of established practice and expectation.

Similarly, (b) (6), (b) (7)(C) another Union adherent, was disciplined for tardiness in circumstances where was held up by Edison security from being processed into the plant had entered the line a half hour before shift started). This citation is likewise contrary to established practice and expectation. When inquired, (b) (6), (6), (7)(C) was threatened by the on-site Bartlett supervisor that was subject to having wages lowered over it.

On (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) was cited by (b) (6), (b) (7)(C) for use of a "disrespectful and combative" "tone."

Both unit employees were warned that if they engaged in further "confrontational actions" they would be issued formal discipline.

These citations are specious. Neither unit employee engaged in any disrespectful behavior toward (b) (6), (b) (7)(C) characterizations and the indicated citations were calculated

to, and do, chill unit employees' exercise of their §7 rights.

5 These initiatives are plainly retaliatory against the Union activists' participation in

the organizing campaign, and are an unlawful reaction to the changed dynamic in the workplace.

6. Local 223 requested documentation of these disciplinary actions and other

employee records as unit bargaining representative from Bartlett. The Company by its



(b) (6) (b) (7)(G) has advised the Union that it will not present the requested documents since there is no

collective bargaining agreement that compels it to do so. That refusal violates the Act as cited.

WHEREFORE, Local 223 respectfully requests the Board to find Bartlett has violated the

cited sections of the Act, to restore the status quo ante, including the removal of any and all

citations from the subject employees' personnel files, to issue its cease and desist order, to order

Bartlett to produce the requested employee records, and to afford the Union and its members the

other and further relief deemed meet in the premises.

Respectfully Submitted,

L. Rodger Webb, P.C.

L. Rodger/Webby P33356)

17000 West Ten Mile Road

Goodman Acker Bldg, 2nd Floor

Southfield, MI 48075 Tel: 248 395 9750

Fax: 248 395 9760

Dated: March 15, 2013

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WE	RITE IN THIS SPACE
Case	Date Filed
7-CA-100507	3-18-2013

13653			
MC.	TOI	CT	ONS:
1142	I RU		UND:

a. Name of Employer	R AGAINST WHOM CHARGE IS BROUGH	
		b. Tel. No. 313465 1160 c. Cell No.
MGM Casino		f. Fax No.
d, Address (Street, city, state, and ZIP code)	e. Employer Representative	
777 3rd Street	Tyra McIntosh	g. e-Mail
DETROIT, MI 48006		h. Number of workers employed
Type of Establishment (factory, mine, wholesaler, etc.) Casino hotel	j. Identify principal product or service Gambling Hood	lodging
subsections) (3)	of the National	Labor Relations Act, and these unfair labor
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization	집 경우 아픈 아이들은 아이들은 경우 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은	e uniair practices affecting commerce
2. Basis of the Charge (set forth a clear and concise stateme	ent of the facts constituting the alleged unfair labo	or practices)
The Employer suspend	프라이 보이 그렇게 되어보면 그 나타보면 하게 되었다. 그렇게 그렇게 되었다.	
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me disparately.		REGI REGI TRO
me disparately.		MEGION 7 MAR 18 AII 9: 1 DETROIT, M
Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code)		REGION 7 REGION 7 R 18 AII
Me disparately. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C)		R 18 M1 9: 1:2 TROIT, M1
Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code)		REGION 7 REGION 7 R 18 All 9: 1:
Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code)		R 18 M1 9: 1:2 TROIT, M1
Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code)		TROIT, 14 99. 4b. Tel. No. 4c. Cell No. 4d. Fax No.
Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code)		TROIT, 141 9: 1: 4b. Tel. No. 4b. (b) (6), (b) (7)(C)
Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) F. Ill name of national or international labor organization of	full name, including local name and number)	4b. Tel. No. 4b. Tel. No. 4c. Cell No. 4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)
Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) Full name of national or international labor organization of ganization)	full name, including local name and number) which it is an affiliate or constituent unit (to be fit	4b. Tel. No. 4c. Cell No. 4c. Cell No. 4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) Ill. 1 in when charge is filed by a legar
Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) Full name of national or international labor organization of organization)	full name, including local name and number) which it is an affiliate or constituent unit (to be fill on the file	4b. Tel. No. 4c. Cell No. 4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)
Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) F. III name of national or international labor organization of rganization) I declare (Table 1) and the power (Pier Image) (b) (b), (b) (c)	full name, including local name and number) f which it is an affiliate or constituent unit (to be fill	4b. Tel. No. 4c. Cell No. 4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) Ill. 1 in when charge is filed by a leador Tel. No Office if any. Cell No.
Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) Full name of national or international labor organization of organization) Geography and the property of the line in the statement of the content of the conte	full name, including local name and number) which it is an affiliate or constituent unit (to be fill on the file	4b. Tel. No. 4c. Cell No. 4c. Cell No. 4c. e-Mail (b) (6), (b) (7)(C) 4e. e-Mail (b) (6), (b) (7)(C) Tel. No.
Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) F. III name of national or international labor organization of reganization) declare (iii) (b) (c) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	full name, including local name and number) f which it is an affiliate or constituent unit (to be fill on the file of the best of my knowledge and belief. b) (6), (b) (7)(C)	4b. Tel. No. 4c. Cell No. 4c. e-Mail (b) (6), (b) (7)(C) 4e. e-Mail (b) (6), (b) (7)(C) Tel. No Office if any Cell No. (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, ITTLE 18, SECTION 1001) PRIVACY ACT STATEMENT

FORM EXEMPT UNDER 44 U.S.C. 3512

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

EMIL I CHOEK 44 0.3.0. 3312
E IN THIS SPACE
Date Filed
3-15-2013

INSTRUCTIONS

File an original with the NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGA	INST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Number of workers employed
Chrysler Group LLC		1000s
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.
22800 Mound Rd., Warren MI 48091	Annette Smith-Worthy,	e. Telephone No.
22000 Mound Rd., Waitell Mil 40071	Labor Relations Supvr.	Fax No.
f. The off tablish and forther than the least to be		
f. Type of Establishment (factory, mine, wholesaler, etc.)	g Identify principal product or ser	vice
factory	automotive products	
h The above-named employer has engaged in and is engaging in Relations Act, and these unfair labor practices are unfair practices commerce within the meaning of the Act and the Postal Reorganiz Basis of the Charge (set forth a clear and concise statement of	affecting commerce within the meaning o cation Act.	f the Act, or unfair practices affecting
protected concerted activity during an Alterna	ative Work Schedule demonstr	ation about February 28, 2013.
3 Full name of party filing charge (if labor organization, give full n (b) (6), (b) (7)(C) 4a Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C)	ame, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) 4a Address (street and number, city, state and ZIP code)		(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) 4a Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which organization)	h it is an affiliate or constituent unit (to be	(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) 4a Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of whice organization) 1. declare that I have read the above charge and the labor organization of the labor organization organization of the labor organization organizat	h it is an affiliate or constituent unit (to be a second of the statements are true to the best of recommends are true to the best of recommends.	(b) (6), (b) (7)(C) filled in when charge is filed by a labor my knowledge and belief individual
(b) (6), (b) (7)(C) 4a Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of whice organization) 6 (b) (6), (b) (7)(C)	h it is an affiliate or constituent unit (to be a second of the statements are true to the best of recommends are true to the best of recommends.	(b) (6), (b) (7)(C) filled in when charge is filed by a labor my knowledge and belief individual Viype name and title or office, if any)
(b) (6), (b) (7)(C) 4a Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of whicogranization) 6. Ideclare that I have read the above charge and the companion of the companio	h it is an affiliate or constituent unit (to be 5. DECLARATION hat the statements are true to the best of r An In	(b) (6), (b) (7)(C) filled in when charge is filed by a labor my knowledge and belief individual

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT W	RITE IN THIS SPACE
Case	Date Filed
07-CA-100797	March 21, 2013

INSTRUCTIONS:

	R AGAINST WHOM CHARGE IS BROUGHT	
a Name of Employer Hackley Mery Camp		b Tel. No. 231 726 - 3.511 c Cell No.
<u> </u>		f. Fax No
d Address (Street, city, state, and ZIP code)	e Employer Representative	g. e-Mail
1700 Clinton		h Number of workers employed
Type of Establishment (factory, mine, wholesaler, etc.)	Identify principal product or service	
k. The above-named employer has engaged in and is engag	ing in unfair labor practices within the meaning of	section 8(a), subsections (1) and (list
subsections) practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganizati	aning of the Act, or these unfair labor practices are	Labor Relations Act, and these unfair labor e unfair practices affecting commerce
Basis of the Charge (set forth a clear and concise statement)		r practices)
Discrimation		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Threated		
Harassment	and the same of th	
	, and de-	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Making the work pl		ent
Making the work pl 3 (b) (6), (b) (7)(c)		ent
Making the work p 3 (b) (6), (b) (7)(C) 42 Address (Street and number, city, state, and ZIP code)		ent 4b. Tel. No.
Making the work p Moling the work p Bull name of party filing charge (if labor organization gives (b) (6), (b) (7)(C)		
Making the work p 3 (b) (6), (b) (7)(C) 42 Address (Street and number, city, state, and ZIP code)		4b. Tel. No.
Making the work plant of party filing charge (if labor organization gives (b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)		4b. Tel. No. 4c Cell No
Making the work plant of party filing charge (if labor organization gives (b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	full page, including local name and number)	4b. Tel. No. 4c Cell No 4d. Fax No. 4e e-Mail
Making the work plants of party filing charge (if labor organization gives (b) (6), (b) (7)(c) 4a Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(c) 5. Full name of national or international labor organization organization) 6. DECLARATI	full page, including local name and number) If which it is an affiliate or constituent unit (to be fill) ON ents are true to the best of my knowledge and belief.	4b. Tel. No. 4c Cell No 4d. Fax No. 4e e-Mail
Making the work plants of party filing charge (if labor organization gives (b) (6), (b) (7)(c) 4a Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(c) 5. Full name of national or international labor organization or organization) 5. Full name of national or international labor organization or organization) 6. DECLARATI I declare that thave read the above charge and that the stateme (b) (6), (b) (7)(c) By	full page, including local name and number) f which it is an affiliate or constituent unit (to be fill	4b. Tel. No. 4c Cell No 4d. Fax No. 4e e-Mail
Making the work plant of party filips charge (if labor organization gives (b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization organization) 5. July (6), (b) (7)(C) 6. DECLARATI (b) (6), (b) (7)(C)	full page, including local name and number) If which it is an affiliate or constituent unit (to be fill) ON ents are true to the best of my knowledge and belief.	4b. Tel. No. 4c Cell No 4d. Fax No. 4e e-Mail led in when charge is filed by a labor Tel No

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

FORM NLRB-501 (09-07)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

Case	100861
h7 CA	100861

DO NOT WRI	TE IN THIS SPACE	
	Date Filed	
A-100861	3-21-2013	

INSTRUCTIONS:

4 1m 4 2 2 3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
ile an original together with 4 copies and a copy for each additional	charged party named in item 1	with NLRB Regional D	Director for the region in which the
lleged unfair labor practice occurred or is occurring			

a Name of Employer	INST WHOM CHARGE IS BROUGHT	b Number of workers employed
Comau, Inc.		170
c. Address (Street, city, state, and ZIP code)	d Employer Representative	e. Telephone No.
21000 Telegraph Road	David McKee, General	
Southfield, MI 48033	Counsel	Fax No
Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or ser	rvice
actory	automated tooling system	ms
The above-named employer has engaged in and is engaging and (list subsections) 3 and these unfair labor practices are practices affecting compractices affecting commerce within the meaning of the Act at Basis of the Charge (set forth a clear and concise statement of the Employer discharged me because of my protected contains the contains and the Employer discharged me because of my protected contains the contains and the contains and the set of the Employer discharged me because of my protected contains and the contains and the set of the contains and the conta	on merce within the meaing of the Act, or the not the Postal Reorganization Act. facts.constituting the alleged unfair labor great	of the National Labor Relations Ac dese unfair labor practices are unfa
*		
Full name of party filing charge (if labor organization, give full nab) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code)	ame, including local name and number)	4b. Telephone No.
Full name of party filing charge (if labor organization, give full na) (6), (b) (7)(C)	ame, including local name and number)	4b. Telephone No. Fax No
Full name of party filing charge (if labor organization, give full nation) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) Full name of national or international labor organization of which it		Fax No
Full name of party filing charge (if labor organization, give full nate) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) Full name of national or international labor organization of which in organization)	t is an affiliate or constituent unit (to be filled in	Fax No
Full name of party filing charge (if labor organization, give full nation) (6), (b) (7)(C) 1. Address (Street and number, city, state, and ZIP code) Full name of national or international labor organization of which in organization)	t is an affiliate or constituent unit (to be filled in DECLARATION	Fax No when charge is filed by a labor
Full name of party filing charge (if labor organization, give full name) (6), (b) (7) (C) 1. Address (Street and number, city, state, and ZIP code) Full name of national or international labor organization of which in organization)	t is an affiliate or constituent unit (to be filled in DECLARATION	Fax No when charge is filed by a labor
Full name of party filing charge (if labor organization, give full nate (6), (b) (7)(C) 1. Address (Street and number, city, state, and ZIP code) Full name of national or international labor organization of which is organization) 6. I declare that I have read the above charge and that (b) (6), (b) (7)(C) By	t is an affiliate or constituent unit (to be filled in DECLARATION	Fax No when charge is filed by a labor
Full name of party filing charge (if labor organization, give full nate) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) Full name of national or international labor organization of which is organization) 6. I declare that I have read the above charge and the (b) (6), (b) (7)(C)	t is an affiliate or constituent unit (to be filled in DECLARATION at the statements are true to the best of n	Fax No when charge is filed by a labor ny knowledge and belief.
Full name of party filing charge (if labor organization, give full name) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) Full name of national or international labor organization of which it organization) 6. I declare that I have read the above charge and that (b) (6), (b) (7)(C) By	t is an affiliate or constituent unit (to be filled in DECLARATION at the statements are true to the best of n	Fax No when charge is filed by a labor ny knowledge and belief. Individual
Full name of party filing charge (if labor organization, give full name) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) Full name of national or international labor organization of which it organization) 6. I declare that I have read the above charge and that (b) (6), (b) (7)(C) By	t is an affiliate or constituent unit (to be filled in DECLARATION at the statements are true to the best of n	Fax No when charge is filed by a labor ny knowledge and belief. Individual

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U. S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

LUY OTAL STABOO MON MIAT C2 14:14:00 CULD FORM EXEMPT DAME 44 9 5 1 3512 UNITED STATES OF AMERICA THEN MERS AGE DO NOT WRITE IN THIS SPACE NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER Date Filed .07-CA-101039 3-25-2013 MOTRUCTIONS: File on original with NLRS Soutonal Director for the region in which the alleged unfair labor practice occurred or is decorring.

I. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT. s. Name of Employer th Tel No 734 428 5200 Dexlech C. Cell No I. Fax No. 6. Address (Street, city, state and SIP contel e. Employer Representative 2110 Bishop Circle East Chas Collins a e-Mail Dekter Mich 48130 h. Number of workers employed 200-220 1 Type of Establishment fractory, mine, wholeseler, sto.) y. Identify principal product or service Fastenera k. The above named ensutyer has engaged in and is engaging in unfair labor practices within the meaning of section B(x), subsections (1) and flist (2000) SUBSECTION ... of the National Labor Relations Ard, and these unfair labor proclines are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices are unfair from the practices are unfair from the practices are unfair to the practices are unfair within the incoming of the Act and the Postel Rabigativation Act. 2. Busins of the Charge last furth a close and consider statement of the foots constituting the alloged unter labor practices; 2013 I was indefinely suspended for protected concerted activity (b) (6), (b) (7)(C) 45. Tel. No. 4a Address (Sweet and number, city, state, and ZIP chide) 4r. Bell No 4d. Fax No. 4e e-Mail. 5 Fall Name of national or international labor objects about of which it is an affiliate or constituent until 66 be filled in when charge is filed by a labor

6. DECLARATION I deplace that I have road the above charge and that the eletements are true to the best of my knowledge and belief (6), (b) (7)(C) Chae, d'any, Cell'No b) (6), (b) (7)(C Pullitype insine and blis or office it arry; Fax No e.Mail 3/25/2013 (b) (6), (b) (7)(C) (dawn)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	PURINI EXEMPT UNDER 44 U S C 3312			
DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
07-CA-101128	3-26-2013			

INS.	TOL	ICT	M	Me.

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT Name of Employer
FORD MOTOR CO - MIT PROVING GROUNDS
ONE AMERICAN WAY RD
DEARBORN, MIT 48126 f. Fax No. e Employer Representative d Address (Street, city, state, and ZIP code) JIM CHERNAKO (FORD) g e-Mail MIKES (ROUSH) h Number of workers employed i Type of Establishment (factory, mine, wholesaler, etc.) I Identify principal product or service AUTO TESTING MANUFACTURING k The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (fist subsections) (4) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) On about (b) (6), (b) (7)(c) 2013, the Employer terminated me in retaliation for my previous filing of charges with the NLRB, and in retaliation for my protected, concerted activities, including safety complaints. iling charge (if labor organization, give full name, including local name and number) (b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 4c Cell No 4d Fax No 4e e-Mail 5 Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) 6. DECLARATION (b) (6), (b) (7)(C) I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) Office, if any, Cell No. (Print/type name and title or office, if any) Fax No. 3-19-13 (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

c. Cell No.

f. Fax No.

g. e-Mail

Case

Date Filed

07-CA-101365

3-28-2013

b. Tel. No. 248-471-6780

h Number of workers employed apx. 50

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer

KROGER

d. Address (Street, city, state, and ZIP code)

33523 8 Mile Road, Livonia, Michigan 48152

 Type of Establishment (factory, mine, wholesaler, etc.) RETAIL

e. Employer Representative

Patrick Smith, Store Manager

j. Identify principal product or service SALE OF GROCERY ITEMS

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (3) of the National Labor Relations Act, and these unfair labor

practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

On about (b) (6), (b) (7)(C) 2012, I was suspended and I was later discharged in early 2012, in retaliation for my Union activity and protected concerted activities.

3. Full name of party filing charge (if labor organization, give full name, including local name and number)

(b) (6), (b) (7)(C)

4a Address (Street and number, city, state, and ZIP code)

(b) (6), (b) (7)(C)

4b. Tel. No 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No 4e. e-Mail (D) (G),

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

6. DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

ive or nerson making charge) (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)_{An Individ}ual

(Printitype name and title or office, if any)

March 28, 2013 (date)

Tel. No n/a (b) (6), (b) (7)(C Fax No.

e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Address (b) (6),

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
07-CA-101816	4-2-2013			

INSTRUCTIONS:

	R AGAINST WHOM CHARGE IS BROUGHT	h Tel No	
Name of Employer		b. Tel. No. 313 465 1777	
MGM Grand Casino		c. Cell No.	
		f. Fax No.	
. Address (Street, city, state, and ZIP code)	e. Employer Representative	7.1.27.22	
7777 Thìrd Avenue, Detroit, MI 48226	Tara McIntosh, Human Resources Director	g. e-Mail	
		h. Number of workers employed Approx. 750	
Type of Establishment (factory, mine, wholesaler, etc.) Casino			
. The above-named employer has engaged in and is engage	ing in unfair labor practices within the meaning of se	ection 8(a), subsections (1) and (list	
subsections) (3)	of the National Lal	bor Relations Act, and these unfair labo	
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization		nfair practices affecting commerce	
b) (6), (b) (7)(C) filing charge (if labor organization, give	full name, including local name and number)		
b) (b), (b) (1)(c)	full name, including local name and number)	4b Tel. No. (b) (6), (b) (7)(C)	
b) (b), (b) (1)(c)	full name, including local name and number)	4b Tel. No. (b) (6), (b) (7)(C) 4c. Cell No.	
a Address (Street and number, city, state, and ZIP code)	e full name, including local name and number)		
a Address (Street and number, city, state, and ZIP code)	e full name, including local name and number)	4c. Cell No.	
a Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) E. Full name of national or international labor organization of organization) (b) (6), (b) (7)(C)		4c. Cell No. 4d. Fax No 4e. e-Mail	
a Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) E Full name of national or international labor organization of organization) (b) (6), (b) (7)(C) (b) (6), (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	f which it is an affiliate or constituent unit (to be filled	4c. Cell No. 4d. Fax No 4e. e-Mail	
a Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) 5. Full name of national or international labor organization of organization) (b) (6), (b) (7)(C) (b) (6), (c), (c) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	f which it is an affiliate or constituent unit (to be filled	4c. Cell No. 4d. Fax No 4e. e-Mail d in when charge is filed by a labor	
a Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) 5. Full name of national or international labor organization of organization) (b) (6), (b) (7)(C) (b) (6), (c), (c) (c) (de) (de) (de) (de) (de) (de) (de) (de)	f which it is an affiliate or constituent unit (to be filled ION ants are true to the best of my knowledge and belief.	4c. Cell No. 4d. Fax No 4e. e-Mail d in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
Case	Date Filed	I	
07-CA-102160	4-8-2013		

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b. Tel No. 248-281-7900 a. Name of Employer Michigan Mutual c. Cell No. f Fax No. e. Employer Representative d. Address (Street, city, state, and ZIP code) 100 Galleria Officecentre, Tiffany Lewis g. e-Mail Suite 210 tlewis@mimutual.com Southfield, Michigan 48034 h. Number of workers employed 200-500 i. Type of Establishment (factory, mine, wholesaler, etc.) j. Identify principal product or service Mortgage Bank Mortgage Loans k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) Threatened because of "Protected Concerted Discussions" of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) b) (6), (b) (7)(C) was terminated days after (b) (6), (b) (7)(C) resigned from Michigan Mutual (10) (26, 2013). No grounds nor was a written termination letter received. for termination were given to and received an email from Michigan Mutual's Attorney with a threatening On Wednesday (March 27, 2013), letter attached which we feel violates our First Amendment rights and our free use of Social Media. were in retaliation for $^{(b)}$ $^{(6)}$ $^{(b)}$ $^{(7)}$ resignation and Protected Concerted We believe the letter and the termination of Discussions with employees of Michigan Mutual regarding the work environment there. (b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) 4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C 4d. Fax No 4e e-Mail (b) (6), (b) 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) N/A 6. DECLARATION (b) (6), (b) (7)(C) I declare that I have good the above charge and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7,C) (b) (6), (b) (7)(C (Print/type name and title or office, if any) Fax No

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
07-CA-102281	4-9-2013	

INST			

STRUCTIONS: le an original with NLRB Regional Director for the region in whice		ring.
a. Name of Employer Theramatricx	R AGAINST WHOM CHARGE IS BROUGHT	b. Tel. No. 586-2104-4343 c. Cell No.
6041 15 Mile Rd. Sterling NETGHTS, MI	e. Employer Representative Analypney Peseski	f. Fax No. 586-264-0539 g. e-Mail h. Number of workers employed
Type of Establishment (factory, mine, wholesaler, etc.) Nysual Theropy The above-named employer has engaged in and is engage	j. Identify principal product or service	1 /2
subsections) practices are practices affecting commerce within the meawithin the meaning of the Act and the Postal Reorganizati	of the National La	bor Relations Act, and these unfair labor
I was terminated dux 40 mej prote	cted concerns	ACTIVITIES,
8. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C)	full name, including local name and number)	
(a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)		4b. Tel. (b) (6), (b) (7)(C)
		4c(b) (6), (b) (7)(C) 4d. Fax No.
		(b) (6), (b) (7)(C)
. Full name of national or international labor organization organization)	f which it is an affiliate or constituent unit (to be filled	d in when charge is filed by a labor
6. DECLARATE declare that I have read the above charge and that the statement (5) (6) (5) (7) (7)	ents are true to the best of my knowledge and belief.	Tel. No.
(b) (6), (b) (7)(C) ((0)(6), (b) (6), (c) (6), (c) (6), (c) (c), (c),	(b) (6), (b) (7)(C)	Office, if any, Cell No.
(b)(b), (b) (c) (c)(b) (c) (d) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(Printrype name and true or omice, if any)	Fax No.
(b) (6), (b) (7)(C)	4/2/2013	e-Mail

WILLFUL FALSE STATE ENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

FORM NLRB-501

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C. 3512 DO NOT WRITE IN THIS SPACE Case Date Flied 4-11-2013 07-CA-102491

INSTRUCTIONS

File an original and 4 copies of this charge with NLDB Declared Director for

the region in which the alleged unfair labor practice occurred o	or is occurring.			
a Name of Employer	NST WHOM CHARGE IS BROUGHT	b. Number of w	orkers em	ployed
Ancw Horizon Child Care, d/b/a Robby's Dreamscape		Approx. 11		
. Address (street, city, state, ZIP code) d. Employer Representative		e Telephone No.		
FOR THE PART OF THE PROPERTY OF THE PART O	Maddison Street, Jackson, MI 49202 Sarah Allen, Director		08	
f. Type of Establishment (factory, mine, wholesaler, etc.)	of Establishment (factory, mine, wholesaler, etc.) g. Identify principal product or set			-
ay care center Child care				
h. The above-named employer has engaged in and is engaging in subsections (1) of the National Labor Relations Act, and these affecting commerce within the meaning of the Act.	[2018] 이 100 [1] 100 [1] 100 [100 [100 [100 [100	of section 8(a),		
2 Basis of the Charge (set forth a clear and concise statement of the	he facts constituting the alleged unfair lab	or practices)		
On or about (0,6),(0),(7)(C) 2013, the above-named I	Employer indefinitely susper ed activities.	ided employe	(b) (6), (b) e	(7)(C)
			20.	- 1
			2013 APR 11 ATTIC: 12	
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		豆	20	20 2
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		$\stackrel{\circ}{=}$	12	525
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		=	53	
			(Trity	
3 Full name of party filing charge (if labor organization, give full na	ime, including local name and number)	-		
(b) (6), (b) (7)(C)				
4a. Address (street and number, city, state and ZIP code)		4b, Yelepho (b) (6), (b	ne No.	
(b) (6), (b) (7)(C)		(b) (b), (b) (1)(C)	
5. Full name of national or international labor organization of which	it is an affiliate or constituent unit (to be t	illed in when charge	belf al	
by a labor organization.				
(D)(6), (D)(7)(C) 6.	DECLARATION	A PART OF A PART		
(b) (-2) , (-3) (7)(C)	at (0) (6) (0) tatements are true to the best of n	ny knowledge and b	ellef	
Ву		NDNADILAL	1.1	
(b) (6), ((b) (6), (b) (c) (c) (d) (d), (b)	Title I	NDIVIDUAL	41.	
Ad s (b)(6) (p)(6)	Telephone No.	Date	110	2013
Sal bloom above	Same as above		2	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Inquiry ID (b) (6), (b) (7)(C)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
07-CA-102517	4-11-2013	

INSTRUCTIONS:

	R AGAINST WHOM CHARGE IS BROUGHT	T. 7-030	
a. Name of Employer		b. Tel. No. (248) 332-5687	
ou's Transport, Inc.		c. Cell No. (248) 467-7108	
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	f. Fax No. (248) 334-9566	
		g. e-Mail	
1780 East Highwood	Dave Laming	dlaming@loustrucking.com	
Pontiac, MI 48340			
. Type of Establishment (factory, mine, wholesaler, etc.) Scrap transport hauler	 j. Identify principal product or service Transportation of sand, gravel & other 	Approximately 50 ther materials to landfills and jobsite	
k. The above-named employer has engaged in and is engagi		The second secon	
subsections) (3)	of the National L	abor Relations Act, and these unfair labor	
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization	ning of the Act, or these unfair labor practices are		
2. Basis of the Charge (set forth a clear and concise stateme	ant of the facts constituting the alleged unfair labor	prostingal	
. Dasis of the Charge (set forth a clear and concise stateme	and of the facts constituting the alleged driften fabor	practices)	
(b) (6), (b) (7)(C)	(b) (6) (b) (7)(C)	(b) (6), (t	
About (b) (6), (b) (7)(C) 2013, the above-named Employ		ation for engaging in union and	
other protected concerted activities about March	25, 2013.		
	20,000		
Full name of party filing charge (if labor organization, give)	full name, including local name and number)		
가 	full name, including local name and number)		
(b) (6), (b) (7)(C)	full name, including local name and number)	dh Tal No	
(b) (6), (b) (7)(C)	full name, including local name and number)	4b Tel. No:	
(b) (6), (b) (7)(C)	full name, including local name and number)	4b Tel. No. 4c. Cell No. (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) la. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)		
(b) (6), (b) (7)(C) la. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4c. Cell No. (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No.	
(b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) Full name of national or international labor organization of		4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail micfly42002@yahoo.com	
(b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) Full name of national or international labor organization of organization)	which it is an affiliate or constituent unit <i>(to be fille</i>)	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail micfly42002@yahoo.com d in when charge is filed by a labor	
(b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) Full name of national or international labor organization of reganization) 6. DECLARATIO	which it is an affiliate or constituent unit <i>(to be fille</i>)	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail micfly42002@yahoo.com	
(b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) Full name of national or international labor organization of organization) 6. DECLARATIO (b) (c), (b) (7)(C)	which it is an affiliate or constituent unit <i>(to be filled</i>	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail micfly42002@yahoo.com d in when charge is filed by a labor	
(b) (6), (b) (7)(C) la. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) Full name of national or international labor organization of organization) 6. DECLARATIO (b) (c), (b) (7)(C)	which it is an affiliate or constituent unit (to be filled on) on ons are true to the best of my knowledge and belief.	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail micfly42002@yahoo.com d in when charge is filed by a labor Tel. No.	
(b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) Full name of national or international labor organization of organization) 6. DECLARATIO (b) (c), (b) (7)(C) (c) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	which it is an affiliate or constituent unit (to be filled) ON Its are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) an Individual (Printitype name and title or office, if any)	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail micfly42002@yahoo.com d in when charge is filed by a labor Tel. No. Office, if any Cell No. (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) Full name of national or international labor organization of organization) 6. DECLARATIO 1 declar lat Lhave sand the major of and that the statement (b) (C ₁ , (b) (7)(c)) 30(c) signature or representative or person making (a) (a) (b) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	which it is an affiliate or constituent unit <i>(to be filled</i> ON Its are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) an Individual	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail micfly42002@yahoo.com d in when charge is filed by a labor Tel. No. Office, if any Cell No. (b) (6), (b) (7)(C) Fax No.	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT



UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FC	ORM EXEMPT	UNDER 44 L	J S C 351

DO NOT WRITE IN THIS SPACE

Case 07-CA-102588

Date Filed 4-11-2013

MCTRI	ICTIONS:

	R AGAINST WHOM CHARGE IS BROUGHT	T. 7-1-10
a. Name of Employer		b. Tel No. (269) 965-3322
DENSO MANUFACTURING MICHIGAN, INC.		c. Cell No.
		G. Gen iyo.
	La Francisco Posses de la	f Fax No.
Address (Street, city, state, and ZIP code)	e. Employer Representative	g. e-Mail
DENSO ROAD	CHRIS REED	9. 0.110.1
BATTLE CREEK, MICHIGAN 49037-7313		h Number of workers employed
		2000
Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or service	***
ACTORY	AUTO PARTS	
The above-named employer has engaged in and is engag	ing in unfair labor practices within the meaning of se	ection 8(a), subsections (1) and (list
subsections)	of the National La	abor Relations Act, and these unfair labor
practices are practices affecting commerce within the mea	aning of the Act, or these unfair labor practices are u	unfair practices affecting commerce
within the meaning of the Act and the Postal Reorganization		and the second second
Basis of the Charge (set forth a clear and concise stateme	ent of the facts constituting the alleged unfair labor i	practices)
en de la company de la compan	And the state of the state of the state of the state of	Control of Control of
On or about (b) (6), (b) (7)(C) 2012, the Employer iss	ued an oral warning to (b) (6) (b) (7)(C	hecause engaged in
		because engaged in
oncerted activities with other employees for mu	itual aid and protection.	0 2
		Market and the second
At all material times the Employer maintained an	nd enforced an illegal solicitation and/or d	stribution rule.
At all material times the Employer maintained an	nd enforced an illegal solicitation and/or d	istribution rule.
At all material times the Employer maintained an	13 18	stribution rule.
at all material times the Employer maintained an	nd enforced an illegal solicitation and/or d	istribution rule.
At all material times the Employer maintained an	13 18	istribution rule.
	man and the second	istribution rule.
	man and the second	istribution rule.
Full name of party filing charge (if labor organization, give	man and the second	istribution rule.
Full name of party filing charge (if labor organization, give	man and the second	
Full name of party filing charge (if labor organization, give	man and the second	4b Tel No (b) (6), (b) (7)(C)
Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C) a Address (Street and number, city, state, and ZIP code)	man and the second	
Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C) a Address (Street and number, city, state, and ZIP code)	man and the second	4b Tel No (b) (6), (b) (7)(C) 4c Cell No.
Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C) a Address (Street and number, city, state, and ZIP code)	man and the second	4b Tel No (b) (6), (b) (7)(C)
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Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C) a Address (Street and number, city, state, and ZIP code)	man and the second	4b Tel No (b) (6), (b) (7)(C) 4c Cell No. 4d Fax No
Full name of party filing charge (if labor organization, given) (6), (b) (7)(C) a Address (Street and number, city, state, and ZIP code)) (6), (b) (7)(C) Full name of national or international labor organization or	e full name, including local name and number)	4b Tel No (b) (6), (b) (7)(C) 4c Cell No. 4d Fax No 4e. e-Mail
Full name of party filing charge (if labor organization, given) (6), (b) (7)(C) a Address (Street and number, city, state, and ZIP code)) (6), (b) (7)(C) Full name of national or international labor organization or	e full name, including local name and number)	4b Tel No (b) (6), (b) (7)(C) 4c Cell No. 4d Fax No 4e. e-Mail
Full name of party filing charge (if labor organization, given) (6), (b) (7)(C) a Address (Street and number, city, state, and ZIP code)) (6), (b) (7)(C) Full name of national or international labor organization or	e full name, including local name and number)	4b Tel No (b) (6), (b) (7)(C) 4c Cell No 4d Fax No 4e. e-Mail
Full name of party filing charge (if labor organization, given) (6), (b) (7)(C) a Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization organization) 6. DECLARATI	of which it is an affiliate or constituent unit (to be fille	4b Tel No (b) (6), (b) (7)(C) 4c Cell No. 4d Fax No 4e, e-Mail
Full name of party filing charge (if labor organization, given b) (6), (b) (7)(C) a Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) Full name of national or international labor organization organization) 6. DECLARATI	of which it is an affiliate or constituent unit (to be fille	4b Tel No (b) (6), (b) (7)(C) 4c Cell No 4d Fax No 4e, e-Mail
Full name of party filing charge (if labor organization, given b) (6), (b) (7)(C) a Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) Full name of national or international labor organization organization) 6. DECLARATION (6), (b) (7)(C)	of which it is an affiliate or constituent unit (to be fille	4b Tel No (b) (6), (b) (7)(C) 4c Cell No. 4d Fax No 4e, e-Mail
Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C) a Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) c. Full name of national or international labor organization organization) 6. DECLARATION I declare that I have read the above charge and that the statement of the sta	of which it is an affiliate or constituent unit (to be fille	4b Tel No (b) (6), (b) (7)(C) 4c Cell No 4d Fax No 4e, e-Mail Tel No (b) (6), (b) (7)(C)
Full name of party filing charge (if labor organization, given b) (6), (b) (7)(C) a Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) Full name of national or international labor organization or international labor organization) 6. DECLARATI	of which it is an affiliate or constituent unit (to be fille	4b Tel No (b) (6), (b) (7)(C) 4c Cell No. 4d Fax No 4e, e-Mail Tel No (b) (6), (b) (7)(C) Office, if any, Cell No
Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C) a Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) c. Full name of national or international labor organization or international labor organization) 6. DECLARATION that I have read the above charge and that the statement of the companion of the companio	of which it is an affiliate or constituent unit (to be fille ION ents are true to the best of my knowledge and belief.	4b Tel No (b) (6), (b) (7)(C) 4c Cell No 4d Fax No 4e, e-Mail Tel No (b) (6), (b) (7)(C)
Full name of party filing charge (if labor organization, given b) (6), (b) (7)(C) a Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) c) Full name of national or international labor organization or organization) 6. DECLARATI 1 declare that I have read the above charge and that the statement of the s	of which it is an affiliate or constituent unit (to be fille ION ents are true to the best of my knowledge and belief. (Print/type name and title or office, if any)	4b Tel No (b) (6), (b) (7)(C) 4c Cell No 4d Fax No 4e, e-Mail Tel No (b) (6), (b) (7)(C) Office, if any, Cell No Fax No
I declare that I have read the above charge and that the statement (b) (6), (b) (7)(C) [50] [Signature or repose, (b) (6), (b) (7) (ve or person 1 b) (g charge)	of which it is an affiliate or constituent unit (to be fille ION ents are true to the best of my knowledge and belief.	4b Tel No (b) (6), (b) (7)(C) 4c Cell No 4d Fax No 4e, e-Mail Tel No (b) (6), (b) (7)(C) Office, if any, Cell No Fax No

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE		
Case Date Filed		
07-CA-103151	April 18, 2013	

(b) (6), (b) (7)(C)

The an original of this charge with NERB Regional	Director in which the alleged unfair labor practice of EMPLOYER AGAINST WHOM CHARGE IS BROU	IGHT	
Name of Employer	EMI EOTEN AGAINST WHOM GHANGE IS BROK	b Tel No	
KELLOGG COMPANY		(616)247-4841	
RELLOGG COMPANT		c Cell No	
. Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No	
310 28TH ST SE, GRAND RAPIDS,	THERESA MULLINS	1. 1 a. 110	
	THERESA WULLINS	g. e-Mail	
MI 49548-1108		g. C-Wall	
		h Dispute Location (City and S	itate)
		Grand Rapids, MI	
Type of Establishment (factory, nursing home,	i. Principal Product or Service	k Number of workers at disput	e location
otel)	1. Inspect format of contract	500	o ioddiioii
ood processing plant	pastries	300	
	d is engaging unfair labor practices within the mean	ing of section 8(a) subsections (1)	and (3) of the
lational Labor Relations Act, and these unfair lab	or practices are practices affecting commerce within	the meaning of the Act or these	unfair labor
	within the meaning of the Act and the Postal Reorg		Allian Iabol
	ise statement of the facts constituting the alleged ur		
) (6), (b) (7)(C)
concerted activities with other e	union activities on behalf of Local 7 employees for mutual aid and prote nese activities protected by Sec. 7	ction, and in order to di	aged in scourage
concerted activities with other e membership in the union and th	employees for mutual aid and prote nese activities protected by Sec. 7	ction, and in order to di of the Act.	aged in iscourage
concerted activities with other e membership in the union and the Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C)	employees for mutual aid and prote nese activities protected by Sec. 7 ration, give full name, including local name and num	ction, and in order to di of the Act.	aged in iscourage
concerted activities with other e membership in the union and the Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C)	employees for mutual aid and prote nese activities protected by Sec. 7 ration, give full name, including local name and num	ction, and in order to di of the Act. ^{ber)}	aged in iscourage
concerted activities with other e membership in the union and the Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C)	employees for mutual aid and prote nese activities protected by Sec. 7 ration, give full name, including local name and num	ction, and in order to di of the Act.	aged in scourage
concerted activities with other e membership in the union and the Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C)	employees for mutual aid and prote nese activities protected by Sec. 7 ration, give full name, including local name and num	of the Act. ber) 4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No.	aged in iscourage
concerted activities with other e membership in the union and the Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C)	employees for mutual aid and prote nese activities protected by Sec. 7 ration, give full name, including local name and num	ction, and in order to di of the Act. ber) 4b. Tel. No. (b) (6), (b) (7)(C)	aged in scourage
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concerted activities with other e membership in the union and the membership in the union and the B. Full name of party filmo charge (if labor organizers) (b) (6), (b) (7)(C) Ta. Address (street and number, city, state, and Zero) (b) (6), (b) (7)(C) Full name of national or international labor organization) DECLARATION I declare that I have read the above charge a my know edge and belief.	employees for mutual aid and prote nese activities protected by Sec. 7 Pation, give full name, including local name and number of the second	ction, and in order to diof the Act. ber) 4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) (to be mise in when charge is mise of the control o	scourage

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U S C § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to unvoke its processes.

(D) (6), (D) (7)(C)

RESIDENT OFFICE REGION T

2013 APR 18 PM 4: 17

MLRB RECEIVED Law Offices of Tinamarie

(734) 663-7626

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INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
07-CA-103235	April 19, 2013	

NSTRUCTIONS: ile an original with NLRB Regional Director for the region in which th	le alleged unfair labor practice occurred or is occur	ring.
	GAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Tel. No. (616) 837-8060
Dahlgren Industrial, Inc.		
		c. Cell No.
		f. Fax No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	
	Ct. Mil N. D	g. e-Mail
999 West Randall Road	Steve Wright, Project Manager	
Coopersville, MI 49404	Joe Androski, Superintendant	h. Number of workers employed
: To of Falchishand (Kathan Sing and Landau And		
Type of Establishment (factory, mine, wholesaler, etc.) Building Contractor	j. Identify principal product or service Industrial Construction	
k. The above-named employer has engaged in and is engaging		action 8(a) subsections (1) and (list
subsections) (3)		, , ,
practices are practices affecting commerce within the meaning		bor Relations Act, and these unfair labor
within the meaning of the Act and the Postal Reorganization		anali pracices arrecting confinerce
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting the alleged unfair labor i	oractices)
• .		-
See Attachment to Charge.		
•		
3. Full name of party filing charge (if labor organization, give full	name, including local name and number)	
United Aspeciation Blumbom and Dinefitters Lead	No. 474	
United Association Plumbers and Pipefitters Local 4a. Address (Street and number, city, state, and ZIP code)	NO. 174	LAN TOLING
		^{4b, Tel. No.} (616) 837-0222
1008 O'Malley Drive		4c. Cell No.
Coopersville, MI 49404		
		4d. Fax No.
		4e. e-Mail
5. Full name of national or international labor organization of wh	nich it is an affiliate or constituent unit (to be filled	d in when charge is filed by a labor
organization) United Assn. of Journeymen and Appre		
		granitation and the second
6. DECLARATION I decigre that I have read the above charge and that the statements	are true to the best of my knowledge and helief	Tel. No. (734) 994-6338
Table of the state	are true to the best of my knowledge and belief.	
Tina	marie Pappas, Attorney	Office, if any, Cell No.
	Printlype name and title or office, if any)	Eau No.
•		Fax No. (734) 663-7626
	4/40/40	e-Mail
4661 Pontiac Trail Ann Arbor, MI 48105	4/19/13	pappaslawoffices@comcast.net
Address	(date)	1

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

ATTAGEMENT INDGHARGE A, FAUNT

The above-named Employer, Dahlgren Industrial, Inc., by its Section 2(11) supervisors and/or Section 2(13) agents, has engaged in the following conduct in violation of the Act:

- 1. On or about April 4, 2013, engaged in surveillance of employees who were engaged in concerted protected and/or union organizing activities: threatened an employee that would do physical harm to a union representative if saw on the premises again, and; threatened an employee that two union supporters could be immediately terminated for their activities in support of a union organizing drive.
- 2. On or about 2013, terminated employees (b) (6), (b) (7)(C) and terminated and/or threatened to terminate, (b) (6), (b) (7)(C) in retaliation for their concerted protected and union activities.
- 3. On or about (b) (c), (b) (7)(c) failed and refused to hire (b) (6), (b) (7)(C) as a result of affiliation with union supporters.
- 4. On or about April 12, 2013, interfered with employees Section 7 rights by advising employees that they were not allowed to meet in groups, or have group discussions, in non-working areas and on non-working time, and were not allowed to hand out union literature, regardless of the location, and regardless of whether it was on working or non-working time.
- 5. Promulgated and/or maintained and/or discriminatorily applied, overbroad no-solicitation/no-distribution rules, and other work rules restricting union-related discussions among employees; prohibiting the distribution of union-related literature during non-working time, and in non-working areas; and prohibiting "outside" business on the work site, regardless of its occurrence during work or non-work time, and in work or non-work areas.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WE	RITE IN THIS SPACE
Case	Date Filed
07-CA-103330	April 22, 2013

NS.	 IOT	-	

File an original with NLRB Regional Director for the region in whic	th the alleged unfair labor practice occurred or is occ R AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer	TACAINGT WHOM CHARGE IS BROOGHT	b. Tel. No. 616-949-2100
O'Grady Orthodontics		
		c. Cell No.
d Address (Steed site state and 710 and 1	a Female in Decision talking	f. Fax No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	g. e-Mail
825 Forest Hill Ave.	Paul O' Grady	
Grand Rapids, MI 49546		h. Number of workers employed
i. Type of Establishment (factory, mine, wholesaler, etc.) Health Care	j. Identify principal product or service Orthodontics	
k. The above-named employer has engaged in and is engag	ing in unfair labor practices within the meaning of	section 8(a), subsections (1) and (list
subsections)		abor Relations Act, and these unfair labor
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization	aning of the Act, or these unfair labor practices are on Act.	unfair practices affecting commerce
2. Basis of the Charge (set forth a clear and concise stateme		r practices)
The above-named employer fired me because o		RECEIVED NLRB 2013 APR 22 PM 1: 59 RESIDENT OFFICE REGION 7 GRAND RAPIDS, MI
 Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 	full name, including local name and number)	
4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)		4b. Tel. No. (b) (6), (b) (7)(C)
(5) (5), (5) (1)(5)		4c. Cell No.
		4d. Fax No.
		4e. e-Mail
		(b) (6), (b) (7)(C)
5. Full name of national or international labor organization of organization)	f which it is an affiliate or constituent unit (to be fille	
6. DECLARATION	ON	Tel. No.
I declare that I have read the above charge and that the statement	nts are true to the best of my knowledge and belief.	Language Control
(b) (6), (b) (7)(C)) (6), (b) (7)(C)	Office, if any, Cell No.
(signature of representative of permaking charge)	(Print/type name and title or office, if any)	Fax No.
(b) (6) (b) (7)(C)	4/19/13	e-Mail
(b) (6), (b) (7)(C)	7/10/10	(b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

INTERNET FORM NLRB-501

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

FORM EXENFT UNDER 44 U.S.C 3512

DO NOT WRITE IN THIS SPACE (2-08) **CHARGE AGAINST EMPLOYER** Case Date Filed 4-23-2013 07-CA-103405 INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring 1 EMPLOYER AGAINST WHOM CHARGE IS BROUGHT a Name of Employer b. Tel No. (760) 944-1070 Bread of Life d/b/a Panera Bread c. Cell No. f. Fax No (760) 944-1703 d Address (Street, city, state, and ZIP code) e Employer Representative 2339 11th Street e-Mail Paul Saber - CEO/Owener Encinitas, CA h Number of workers employed 18 i Type of Establishment (factory, mine, wholesaler, etc.)) Identify principal product or service k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 8(a)(1), (3) and (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act 2 Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Please see attached: DUE TO THE EMPLOYERS ONGOING PERVASIVE UNFAIR LABOR PRACTICES AND HISTORY OF DISREGARD FOR EMPLOYEES RIGHTS UNDER THE NATIONAL LABOR RELATIONS ACT, BCTGM LOCAL 70 REQUEST THE NATIONAL LABOR RELATIONS BOARD TO SEEK INJUNCTIVE RELIEF THROUGH 10(j) of the ACT. 3 Full name of party filing charge (if labor organization, give full name, including local name and number) Bakery, Confectionery, Tobacco Workers and Grain Millers International Union Local No. 70 4a. Address (Street and number, city, state, and ZIP code) 4b. Tel No (616) 243-7383 4c Cell No 158 36th Street SE 4d Fax No (616) 243-5624 Grand Rapids, MI 49548-2294 4e e-Mail 5. Full name of national or international labor organization of which it is an affil ate or constituent unit (to be filled in when charge is filed by a labor Bakery, Confectionery, Tobacco Workers and Grain Millers International Union, AFL-CIO, CLC 6 DECLARATION 240-271-5213 I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. Office, if any, Cell No. John J Price-Int'l Director of Organization (Print/type name and tibe or office, if any) Fax No

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. COOE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

John 6148501490

p.3

 Since about March 1, 2013, the Employer has changed its policy of paying employees mileage for attendance at meetings outside their home stores by failing to pay mileage when employees are not scheduled to work that night.

- 2. About March 30, 2013, the Employer discriminatorily issued bonuses to employees by relying on different factors for union supporters than other employees.
- 3. On about March 31, 2013, the Employer unilaterally changed its practice of paying employees for holidays when the stores are closed.
- 4. On about (b) (6), (b) (7)(C) an improvement plan, a discretionary and new form of discipline, without bargaining with the Union due to (b) (6), (b) (7)(C) and others' union and protected concerted activities.

Form NLRB - 501 (2-08)

Factory

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRI	TE IN THIS SPACE
Case	Date Filed
07-CA-103681	4/25/2013

200

INSTRUCTIONS:

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring EMPLOYER AGAINST WHOM CHARGE IS BROUGHT a. Name of Employer b. Tel. No. BRADFORD WHITE CORPORATION (269)795-3364 c. Cell No. d. Address (street, city, state ZIP code) e. Employer Representative f. Fax No. 200 LAFAYETTE ST, MIDDLEVILLE, MI PETER O'BRIEN (269)795-2165 g. e-Mail 49333-9492 pobrien@bradfordwhite.com h. Dispute Location (City and State) MIddleville, MI i. Type of Establishment (factory, nursing home, hotel) j. Principal Product or Service k. Number of workers at dispute location

I. The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) and (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

Water Heaters

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

3. Full name of party filing charge (if labor organization, give full name, including local name and number)

On or about the following dates, and by the following conduct, the Employer has engaged in a pattern of discrimination against (b) (6), (b) (7)(C) because engaged in concerted activities with other employees for mutual aid and protection; and because engaged in Union activities on behalf of UAW Local 1002, and to discourage membership in, and activities on behalf of a labor organization:

Ap	proximate date	Conduct
1.	Nov. 20, 2012	Refused to give FMLA application for scheduled series of (b) (6), (b) (7)(C)
2.	(b) (6), (b) (7)(C) 2012	Issued attendance points.
3.	(b) (6), (b) (7)(C) 2012	Issued attendance points.
4.	(b) (6), (b) (7)(c) 2012 2013	Issued attendance points.
5.	(b) (6), (b) (7)(C) 2013	Discharge from employment.

4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)		4b. Tel. No. (b) (6), (b) (7)(C)	
		4c. Cell No.	
		4d. Fax No.	_
		4e. e-Mail (b) (6), (b) (7)(C)	
Full name of national or international labor organization organization)	of which it is an affiliate or constituent unit		
DECLARATION I declare that I have read the above charge and that the my knowledge and belief.	he statements are true to the best of	Tel. No. (b) (6), (b) (7)(C)	
By: (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Office, if any, Cell No.	Ī
(signature or representative or person mind charge)	Print Name and Title	Fax No.	
Address:(b) (6), (b) (7)(C)	Date:	e-Mail	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 3512 DO NOT WRITE IN THIS SPACE Case Date Filed

e-Mail

04/26/2013

(dato)

NSTRUCTIONS:		-CA-103934	4-26-2013
ile an original with NLRB Regional Director for the region in wh	hich the alleged untair labor practice	occurred or la occurring	
	ER AGAINST WHOM CHARG	E IS BROUGHT	
a Name of Employer			b Tel. No 989-631-96710
Tendercare of Midland			Lo Call No.
			c. Cell No.
			í. Fax No
d Address (Street, city, state, and ZIP code) 4900 Hedgewood Drive, Midland, MI 48640	e. Employer Representati Margaret LaBreck	ive	g. e-Mail
			h. Number of workers employed
True of Catalife and the fact price in the land of the	Laborate and a section of	•	16
i. Type of Establishment (frictory, mine, wholesaler, etc.) Skilled Nursing Facility	J. Identify principal product Resident Care	a or service	
k. The above-named employer has engaged in and is engaged.	aging in unfair labor practices with	in the meaning of section	on 8(a), subsections (1) and (list
subsections)		of the National Labor	Relations Act, and these unlaw labor
practices are practices affecting commerce within the mowithin the meaning of the Act and the Postal Reorganization		labor practices are unfa	ir practices affecting commerce
2 Basis of the Charge (set forth a clear and concise state)	ment of the facts constituting the a	alleged unfair labor prac	cuces)
On 2013 (b) (6), (b) (7)(C)			ter was suspended by (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) in retaliation for concerted activity		denda de la companya	400000000000000000000000000000000000000
3 Full name of party filing charge (if labor organization, gi SEIU Healthcare MI	ye full name, including local name	and number)	——————————————————————————————————————
SEIU Healthcare IVII			
4a. Address (Street and mimber, city, state, and ZIP code)	<u> </u>	14	to Tel. No 313-965-9450
2406 4th Street, Detroit, MI 48640		14	c. Cell No.
		4	id. Fax No 313-965-0422
		4	e e-Mail
Full name of national or international labor organization	of which it is an affiliate or constitu	tuent unit (to be filled in	when charge is filed by a labor
organization) Service Employees International U		Ment en les se mes m	
6 DECLARA	ATION		Fal. No.
I declare that I have read the above charge and that the states	ments are true to the best of my know		
by Gallotte	Emily Ricards, Organizer		Office, if any, Cell No.
(signature of epresentative or person making charge)	(PrinVtype name and title or office	se, if any)	Fax No

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

2406 4th Street, Detroit, MI 48640

Address

FORM EXEMPT UNDER 44 U S C 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	DO NOT V	VRITE IN THIS SPACE	
Case	Links	Date Filed	
07-C	4-104004	4-30-2013	

07-CA-104004	4-30-2013
INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occur.	ing Lamina and the sair.
1, EMPLOYER AGAINST WHOM CHARGE IS BROUGHT	, , , , , , , , , ,
a Name of Employer This -August C	b. Tel. No.
a marile of Elliphoyal Tiki - TOM LINE	1-900-507-6135
	734-626-7063
d. Address (Street, city, state, and ZIP code) 6. Employer Representative	734-939 -0141
	g. e-Mail
3/350 South Rd Drunkly Wilson	9. 2-1/100
Romolog, 41 48/74-0137 Monica Nicole Thorburn	h Number of workers employed
United States	1 10
i., Type of Establishment (factory, mine, wholesaler, etc.)	
Hazardoug Material Carrier fuluralized Coal	tian Bray submediane (1) and flied
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of se	ection 8(a), subsections (1) and (list
subsections) of the National La	bor Relations Act, and these unfair labor
practices are practices attenting commerce within the meaning of the Act, or these unfair labor practices are u	infair practices affecting commerce
within the meaning of the Act and the Postal Reorganization Act.	
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor t	ractices) man
)(7)(C)
On 10,000 13, Tui-Am LLC terminated	, , , , ,
for Vulou Activities and Protected Co	over to I definition
Con O alou Mellottics and the College	week leave things
3 Full name of party filing charge distabor organization give full name, including local name and number)	
(b) (6), (b) (7)(C)	
4a, Address (Street and numbers city, state, and ZIP code)	4h Tel No. 10(6)(6)(7)(6)
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
	4F COLING
	(b) (6), (b) (7)(C)
	46. Fax No.
	4e. e-Mail
5. Full name of national or International labor organization of which it is an affiliate or constituent unit (to be filled	d to when alterna to filed by a labor
organization)	I'm when charge is med by a labor
The state of the s	Tat No.
6. DECLARATION I declare the have read the allowed charmened that the statements are true to the best of my knowledge and belief. The statements are true to the best of my knowledge and belief.	Tel, No, (b) (6), (b) (7)(C)
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to (b) or representation of property (Printrype name and title or office, it any)	Fax No.
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Address (abte)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WR	ITE IN THIS SPACE
Case	Date Filed
07-CA-104089	5-1-2013

INSTRUCTIONS:

1. EMPLOYER	R AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Tel. No. 989-631-9670
Tendercare of Midland		c. Cell No.
		f. Fax No.
d. Address (Street, city, state, and ZIP code) 4900 Hedgewood Drive, Midland, MI 48640	e. Employer Representative Margaret LaBreck	g. e-Mail
		h. Number of workers employed 79
i. Type of Establishment (factory, mine, wholesaler, etc.) Skilled Nursing Facility	j. Identify principal product or service Resident Care	
k. The above-named employer has engaged in and is engage	ing in unfair labor practices within the meaning of s	ection 8(a), subsections (1) and (list
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization	aning of the Act, or these unfair labor practices are	abor Relations Act, and these unfair labor unfair practices affecting commerce
3. Full name of party filing charge (if labor organization, give SEIU Healthcare MI	full name, including local name and number)	
	full name, including local name and number)	4b. Tel. No. 313-965-9450
4a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4b. Tel. No. 313-965-9450 4c. Cell No.
4a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	313-963-9450
4a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4c. Cell No.
4a. Address (Street and number, city, state, and ZIP code) 2604 4th Street, Detroit, MI 48201 5. Full name of national or international labor organization of	f which it is an affiliate or constituent unit <i>(to be fille</i>	4c. Cell No. 4d. Fax No. 313-965-0422 4e. e-Mail
4a. Address (Street and number, city, state, and ZIP code) 2604 4th Street, Detroit, MI 48201 5. Full name of national or international labor organization of	f which it is an affiliate or constituent unit <i>(to be fille</i> ion	4c. Cell No. 4d. Fax No. 313-965-0422 4e. e-Mail
4a. Address (Street and number, city, state, and ZIP code) 2604 4th Street, Detroit, MI 48201 5. Full name of national or international labor organization of organization) Service Employees International Uni 6. DECLARATION I declare that I have read the above charge and that the statement	f which it is an affiliate or constituent unit <i>(to be fille</i> ion	4c. Cell No. 4d. Fax No. 313-965-0422 4e. e-Mail d in when charge is filed by a labor Tel. No.
6. DECLARATION of the latter o	f which it is an affiliate or constituent unit <i>(to be fille</i> ion ON nts are true to the best of my knowledge and belief.	4c. Cell No. 4d. Fax No. 313-965-0422 4e. e-Mail d in when charge is filed by a labor Tel. No. 313-965-9450

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE	IN THIS SPACE
Case	Date Filed
07-CA-104094	5-1-2013

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the	ne alleged unfair labor practice occurred or is occurr GAINST WHOM CHARGE IS BROUGHT	ing.
a. Name of Employer	IGAINST WHOM CHARGE IS BROUGHT	b. Tel. No. 989-631-9670
Tendercare of Midland		969-031-9070
Tellucicale of Midiana		c. Cell No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	f. Fax No.
4900 Hedgewood Drive, Midland, MI 48640	Margaret LaBreck	g. e-Mail
		h. Number of workers employed 79
Type of Establishment (factory, mine, wholesaler, etc.) Skilled Nursing Facility	j. Identify principal product or service Resident Care	
k. The above-named employer has engaged in and is engaging	in unfair labor practices within the meaning of se	ction 8(a), subsections (1) and (list
subsections)	of the National La	bor Relations Act, and these unfair labor
practices are practices affecting commerce within the meaning within the meaning of the Act and the Postal Reorganization		nfair practices affecting commerce
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting the alleged unfair labor p	ractices)
On 2013 (b) (6), (b) (7)(C) was terminated in conn		
		
Full name of party filing charge (if labor organization, give fu SEIU Healthcare MI	ll name, including local name and number)	
4a. Address (Street and number, city, state, and ZIP code)		4b. Tel. No. 313-965-9450
2604 4th Street, Detroit, MI 48201		4c. Cell No.
		^{4d. Fax No.} 313-965-0422
		4e. e-Mail
Full name of national or international labor organization of w	hich it is an affiliate or constituent unit /to be filled	d in when charge is filed by a labor
organization) Service Employees International Union		, in which charge to mee by a table.
6. DECLARATION		Tel. No.
I declare that I have read the above charge and that the statements	s are true to the best of my knowledge and belief.	313-965-9450
Ву // -	ily Ricards, Organizer	Office, if any, Cell No.
(signature of representative or person making charge)	(Printftype name and title or office, if any)	Fax No. 313-965-0422
	4/30/2013	e-Mail
2604 4th Street, Detroit, MI 48201	(date)	
		J

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE	IN THIS SPACE
Case	Date Filed
07-CA-104460	5-6-2013

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which th	·	ing.
a. Name of Employer	GAINST WHOM CHARGE IS BROUGHT	b. Tel. No. 269-966-1000
Post Foods, LLC		269-966-1000
Post Foundation		c. Cell No.
		f. Fax No.
d. Address (Street, city, state, and ZIP code) 275 Cliff Street	e. Employer Representative Keith Martens	q e-Mail
Battle Creek, MI 49014	Plant Manager	g e-iviali
Dattie Oreck, Wit 40014	, rancinago	
		h. Number of workers employed Approx. 450
Type of Establishment (factory, mine, wholesaler, etc.) Factory	j Identify principal product or service Cereal	
k. The above-named employer has engaged in and is engaging	in unfair labor practices within the meaning of sec	ction 8(a), subsections (1) and (list
subsections) (5)	of the National Lab	oor Relations Act, and these unfair labor
practices are practices affecting commerce within the meaning within the meaning of the Act and the Postal Reorganization a	•	nfair practices affecting commerce
2 Basis of the Charge (set forth a clear and concise statement	of the facts constituting the alleged unfair labor pr	ractices)
Since on or about November 14, 2012, and continu	ing to date, the Employer, by its officers	s, agents and representatives,
has engaged in and is engaging in unfair labor practice.	ctices as follows:	
1) By refusing and failing to process grievances in	a timely manner and using such tactic t	to cause the Union to agree to
the Employer's proposed staffing changes. 2) By ha	arassing and intimidating employees wh	no filed grievances. 3) By
distributing literature to employees intended to disc	ourage union membership and participa	ation.
By the foregoing and other acts, the Employer has the rights guaranteed in Section 7 of the Act.	interfered with, restrained and coerced	its employees in their exercise of
3 Full name of party filing charge (if labor organization, give full Local Union No. 374, United Cereal, Bakery and Fo	I name, including local name and number) ood Workers	
4a Address (Street and number, city, state, and ZIP code)		^{4b. Tel. No.} 269-962-8714
250 Cliff Street Battle Creek, MI 49017		4c. Cell No.
		^{4d. Fax No.} 269-962-2673
		4e e-Mail
5. Full name of national or international labor organization of whorganization) International Union, RWDSU, AFL-CIO	nich it is an affiliate or constituent unit (to be filled	in when charge is filed by a labor
International Offich, RVVD30, AFE-CIO		
6. DECLARATION I declare that have read the above charge and that the statements	are true to the best of my knowledge and belief.	Tel. No. 313-964-5600
Blandy Bland Gord	don A. Gregory, Attorney	Office, if any, Cell No.
(signature of representative or person frighing charge)	Pnnt/type name and title or office, if any)	Fax No. 313-964-2125
(/ U)	M 0 0040	e-Mail
65 Cadillac Square, Suite 3727, Detroit, MI 4	8226 May 3, 2013	Gordon@unionlaw.net

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE Date Filed Case 07-CA-104711 May 9, 2013

CONSUMERS ENERGY (616)530-4329 c. Cell No. I Address (street, city, state ZIP code) 4000 CLAY AVE SW, PO BOX 201, GRAND RAPIDS, MI 49548-3017 BILL ECKHERT (a e-Mail b) Dispute Location (City and State) Grand Rapids, MI b) Dispute Location (City and State) Grand Rapids, MI c) Number of workers at dispute location 25 Electricity The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) of the vational Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are forther activation and consistence of the Act and the Postal Reorganization Act Basis of the Charge (set forth a clear and consist statement of the facts constituting the alleged unfair labor practices) During the preceding 6 months, the Employer has maintained a rule against employees "congregating" during their break time, or at other times. On or about (100 (100 (100 (100 (100 (100 (100 (10	1.	Director in which the alleged unfair labor practice of EMPLOYER AGAINST WHOM CHARGE IS BROU	JGHT
I Address (street, city, state ZIP code) 4000 CLAY AVE SW, PO BOX 201, GRAND RAPIDS, MI 49548-3017 Type of Establishment (factory, nursing home, tote) The above-named employer has engaging unfair labor practices and the surface tote) Type of Establishment (factory, nursing home, tote) The above-named employer has engaging unfair labor practices within the meaning of section 8(a), subsections (1) of the National Labor Relations Act, and these unfair labor practices are practices are unfair labor and the Postal Recognantiation Act, or these unfair labor ractices are unfair labor affecting commerce within the meaning of the Act, or these unfair labor ractices are unfair labor affecting commerce within the meaning of the Act, or these unfair labor affecting commerce within the meaning of the Act, or these unfair labor affecting commerce within the meaning of the Act, or these unfair labor affecting commerce within the meaning of the Act, or these unfair labor affecting commerce within the meaning of the Act, or these unfair labor affecting commerce within the meaning of the Act, or these unfair labor affecting commerce within the meaning of the Act and the Postal Recognancial on Act. Type of Establishment (factory, nursing them and the Establis	a. Name of Employer CONSUMERS ENERGY	X X	(616)530-4329
BILL ECKHERT g e-Mail h. Dispute Location (City and State) Grand Rapids, MI k. Number of workers at dispute location (25 Electricity Electricity The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) of the valional Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor reactices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor reactices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor reactices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor reactices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor reactices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor reactices are practices affecting commerce within the meaning of the Act, or these unfair labor reactices are practices affecting commerce within the meaning of the Act, or these unfair labor reactices are practices affecting commerce within the meaning of the Act, or these unfair labor reactices are practices affecting commerce within the meaning of the Act, or these unfair labor reactices are practices affecting commerce within the meaning of the Act, or these unfair labor reactices are practices affecting commerce within the meaning of the Act, or these unfair labor reactices are practices affecting commerce within the meaning of the Act, or these unfair labor reactices are practices affecting commerce within the meaning of the Act, or these unfair labor reactices are practices affecting commerce within the meaning of the Act, or these unfair labor reactions are unfair labor unfair labor reactions. Discription Discription Discription Discripti	Address (street city state 7ID code)	a Employer Representative	
GRAND RAPIDS, MI 49548-3017 Type of Establishment (factory, nursing home, tote) Type of Establishment (factory, nursing home, tote) The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) of the vational Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair labor practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act, or these unfair labor pr			I. I SA INO.
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Electricity The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) During the preceding 6 months, the Employer has maintained a rule against employees "congregating" during their break time, or at other times. On or about (Maintaine) (D) (6), (b) (7)(C) in part, for violating this overly broad rule. 3. Full name of part, filing charge (if labor organization, give full name, including local name and number) (b) (6), (b) (7)(C) (a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d			Grand Rapids, MI
The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act and the Postal Repair meaning of the Act, or these unfair labor practices are practices within the meaning of section 8(a), subsections (1) of the National Labor Relations Act, and these unfair labor practices are practices are practices are practices of the Act and the Postal Repair against employees unfair labor practices are practices of the Act and the Postal Repair against employees "congregating" during the preceding 6 months, the Employer has maintained a rule against employees "congregating" during their break time, or at other times. On or about "proceeding 6 months, the Employer has maintained a rule against employees "congregating" during their break time, or at other times. On or about "proceeding 6 months, the Employer has maintained a rule against employees "congregating" during their break time, or at other times. On or about "proceeding 6 months, the Employer has maintained a rule against employees "congregating" during their break time, or at other times. On or about "proceeding 6 months, the Employer has maintained a rule against employees "congregating" during their break time, or at other times. On or about "proceeding 6 months, the Employer has maintained a rule against employees "congregating" during the proceeding for a tother times. On or about "proceeding 6 months, the Employer has maintained a rule against employees "congregating" the allower proceeding for a tother times. On or about "proceeding 6 months, the Employer has maintained a rule against employees "congregating" the allower proceeding for a tother times. On or about "proceeding for a tother times." (b) (6), (b) (7)(C) (c) (b) (6), (b) (7)(C) (d) (d) (d) (d) (d) (d) (d) (d)	. Type of Establishment (factory, nursing home,	j Principal Product or Service	
The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) of the Vational Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) During the preceding 6 months, the Employer has maintained a rule against employees "congregating" during their break time, or at other times. On or about the interval of the facts of the facts of the facts constituting the alleged unfair labor practices. On or about the interval of the facts of the facts constituting the alleged unfair labor practices. On or about the interval of the facts of the facts constituting the alleged unfair labor practices. On or about the interval of the facts of the facts constituting the alleged unfair labor practices. On or about the practices of the facts constituting the alleged unfair labor practices. On or about the practices of the facts constituting the alleged unfair labor practices. On or about the facts of the facts constituting the alleged unfair labor practices. On or about the facts of the facts constituting the alleged unfair labor practices. On or about the facts of the facts constituting the alleged unfair labor practices. It is a state of the facts of the facts constituting the alleged unfair labor practices. It is a state of the facts of the facts constituting the alleged unfair labor practices. It is a state of the facts of the facts constituting the alleged unfair labor practices. It is a state of the facts of the facts constituting the alleged unfair labor practices. It is a state of the facts of the facts constituting the alleged unfair labor practices. It is a state of the facts of the facts of the facts constituting the al		Electricity	25
National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization of the Act, or these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are practices affecting constituting the Postal Reorganization of the Act and the Postal Reorganization affects affecting constituting the alleged unfair labor practices. During the preceding 6 months, the Employer has maintained a rule against employees "congregating" during the practices "congregating" and the Postal Reorganization of which it is an affect and the post and the Postal Reorganization affects affecting the practices affecting the analysis affecting the analysis affecting the practices affecting the Act and the Postal Reorganization affects affecting the Act and the Postal Reorganization and the Postal Reorganization and the Postal Reorganization and the Postal Reorganization affects affecting the Act an	energy utility	Electricity	
45. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be mired in when charge is nied by a labor organization) 5. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. By (b) (6), (b) (7)(C) (signature or respectant to the person meaning labor organization) (b) (6), (b) (7)(C) Print Name and Little Date. Fax No. e-Mail (b) (6), (b) (7)(C)	during their break time, or at other	times.	C. N. O. L. S. V. C. S. C. S. C.
4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) 5 Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) 6 DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) (c) (b) (6), (b) (7)(C) (d) (d) (d) (d) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	On or about (b) (a), (b) (7)(C) in particular (b) (c), (d) (d) (d)	ployer has interfered with, restrained, art, for violating this overly broad rule.	
4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) 5 Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filled by a labor organization) 6 DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) (c) (b) (6), (b) (7)(C) (d) (6), (b) (7)(C) Print Name and Title Date. (b) (6), (b) (7)(C)	On or about (b) (a), (b) (7)(c) 2013, the Empty discharging (b) (6), (b) (7)(C) in party filing charge (if labor organiz (b) (6), (b) (7)(C)	oloyer has interfered with, restrained, art, for violating this overly broad rule, ation, give full name, including local name and num	ber)
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(b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be miled in when charge is filed by a labor organization) 5. DECLARATION declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) (c) (b) (6), (b) (7)(C) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	On or about (b) (a), (b) (7)(C) 2013, the Empty discharging (b) (6), (b) (7)(C) in party filing charge (if labor organiz (b) (6), (b) (7)(C)	oloyer has interfered with, restrained, art, for violating this overly broad rule, ation, give full name, including local name and num	4b Tel No. (b) (6), (b) (7)(C) 4c. Cell No.
DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) (signature of the best of my knowledge and belief. (b) (6), (b) (7)(C) (signature of the best of my knowledge and belief. (b) (6), (b) (7)(C) (signature of the best of my knowledge and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) (signature of the best of my knowledge and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) (c) my knowledge and belief. (d) (e), (f)	On or about (b) (a), (b) (7)(C) and party filing charge (if labor organiz (b), (b), (c), (d), (e), (e), (e), (e), (e), (e), (e), (e	oloyer has interfered with, restrained, art, for violating this overly broad rule, ation, give full name, including local name and num	4b Tel No (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail
I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) (b) (6), (b) (7)(C) (d) (e-Mail (b) (6), (b) (7)(C) (e-Mail (b) (6), (b) (7)(C)	On or about (b) (a), (b) (7)(C) in party filing charge (if labor organiz (b) (6), (b) (7)(C) 3. Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C)	ployer has interfered with, restrained, art, for violating this overly broad rule. ation, give full name, including local name and num	4b Tel No (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)
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Attni Barbara Kubi K

Form NLRB 501 (2-08) UNITED STATES OF AMERICA DO NOT WRITE IN THIS SPACE NATIONAL LABOR RELATIONS BOARD Date Filed CHARGE AGAINST EMPLOYER INSTRUCTIONS: 07-CA-104801 May 10, 2013 File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring I EMPLOYER AGAINST WHOM CHARGE IS BROUGHT a Name of Employer o Tei No J2S GROUP HEALTHFORCE (616)421-4800 c Call No d Address (street city, state ZIP code) Employer Representative 1 Fax No 800 Monroe Ave NW Timothy Frain g e-Mail **STE 320** Grand Rapids, Mi h Dispute Location (City and State) Grand Rapids, MI Type of Establishment (factory, nursing home, Principal Product or Service k Number of workers at dispute location hoteli Employment agency Nursing services The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2 Basis of the Charge (sof forth a clear and concise statement of the facts constituting the alleged unfail labor practices)

Since about 2013 the Employer has interfered with, restrained, and coerced its employees by reassigning (b) (6), (b) (7)(C) from 3 Red to 3 South, and isolating from, and harassing. (b) (6), (b) (7)(C) because of their concerted activities protected by Section 7 of the Act. filing charge (if labor organization, give full name, including local name and number) (b) (6), (b) (7)(C mber, city, state, and ZIP code! 4b Tel No (b) (6), (b) (7)(C 4d Fax No (b) (6), (b) (7)(C) 5 Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor

WILLEU, FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT HUS, CODE, THERE IS, SECTION 1001) PRIVACY ACTISTATEMENT

(b) (6), (b) (7)(C

Print Name and Title

I declare that I have read the above charge and that the statements are true to the best of

Tel No

(b) (6), (b)

Substation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NERB) in processing unline labor practice and related proceedings or Intigation. The mattine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NFRB will further explain these uses upon request. Disclosure of this information in the NLRB is voluntary, however, tasture to supply the intermation will cause the NLRB to decline to invoke its processes

> GRAND RAPIDS, MI REGION 7 RESIDENT OFFICE

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organization)

6 DECLARATION

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRI	TE IN THIS SPACE
Case	Date Filed
07-CA-105170	5-14-2013

INSTRUCTIONS:

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b. Tel. No. 12	248) 967-1500
Forgotten Harvest, Inc.	(46) 907-1500
c. Cell No.	
f. Fax No. 12	248) 967-1510
Address (Street, city, state, and ZIP code) e. Employer Representative Lisa Kravitz, Human Resources g. e-Mail	240) 307-1310
Dak Park, MI 48237	
	workers employed
Type of Establishment (factory, mine, wholesaler, etc.) J Identify principal product or service donate foods	·
The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsection 8(b), subsection 8(c), subsect	tions (1) and (list
subsections) of the National Labor Relations Act, a	and these unfair labor
practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affect within the meaning of the Act and the Postal Reorganization Act.	cting commerce
Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)	
n or about (b) (c), (b) (7)(C) 2013, the above-named Employer terminated me in retaliation for me engaging in	in protected
	in protected
oncerted activities.	
(6), (6) (7)(C) filing charge (if labor organization, give full name, including local name and number)	
a Address (Street and number, city, state, and ZIP code) 4b. Tel. No. (b)	(6), (b) (7)(C)
a Address (Street and number, city, state, and ZIP code) 4b. Tel. No. (b)	(6), (b) (7)(C)
a Address (Street and number, city, state, and ZIP code) 4b. Tel. No. (b)	(6), (b) (7)(C)
a) (6), (b) (7)(C)	(6), (b) (7)(C)
a Address (Street and number, city, state, and ZIP code) 4b. Tel. No. (b) 4c. Cell No. 4d. Fax No	
Address (Street and number, city, state, and ZIP code) 4b. Tel. No. (b) 4c. Cell No. 4d. Fax No 4e. e-Mail Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is reganization) 6. DECLARATION Tel. No. (b)	filed by a labor
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WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WE	RITE IN THIS SPACE	
Case	Date Filed	
07-CA-105935	5-24-2013	

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ile an original with NLRB Regional Director for the region in which the alleged unfair labor practic 1. EMPLOYER AGAINST WHOM CHARC	The state of the s
a. Name of Employer Corrosion Fluid	b. Tel. No. 989-496-2600 c. Cell No.
	f. Fax No.
d. Address (Street, city, state, and ZIP code) e. Employer Representati	
1850 Bayesty Rd. RONSA	t cleff g. e-Mail
Midland 48642	h. Number of workers employed
i. Type of Establishment (factory, mine, wholesaler, etc.) Chemical Supply Campany Distrub k. The above-named employer has engaged in and is engaging in unfair labor practices with subsections)	
practices are practices affecting commerce within the meaning of the Act, or these unfair within the meaning of the Act and the Postal Reorganization Act.	labor practices are unfair practices affecting commerce
	a Conta Floris.
activies with regard to saft. 3. Full name of party filing charge (if labor organization, give full name, including local name (b) (6), (b) (7)(C)	
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WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS.

DO NOT WRITE IN THIS SPACE
Case Date Filed

07-CA-106421 June 4, 2013

(b) (6), (b) (7)(C)

		7 01 100421	Oute 4, 2015
File an original of this charge with NLRB Regiona			rring
	EMPLOYER AGAINST WHOM CHARGE I		******
a Name of Employer J2S GROUP HEALTHFORCE		b Tel No (616)421-	4800
320 GROOF HEALTH ORGE		c Cell No	4000
d Address (street, city, state ZIP code)	La Employer Consequentative	f Fax No	
800 Monroe Avenue NW, STE 320,	e Employer Representative Timothy Frain	W. 1. 200 1	
Grand Rapids, MI 49503		g e-Mail	
		Grand Ra	
Type of Establishment (factory, nursing home, notel) Staffing Service The above-named employer has engaged in an	Principal Product or Service Medical staffing	200	vorkers at dispute location
On or about control 2012, the Employees that are protected by the state of party filing charge (if labor organizes) (b) (6), (b) (7)(C) Address (street and number city state, and Zero) (b) (6), (b) (7)(C)	Sec 7 of the Act		
		4d Fax No 4e e-Mail	
		(b) (6), (b) ((7)(C)
5 Full name of national or international labor orga organization)	nization of which it is an affiliate or constitue		
DECLARATION I declare that I have read the above charge a my knowledge and place (0) (0, 0) (7) (2) (6) (9)	and that the statements are true to the be	st of	
By (b) (6), (b) (1), (c)	(b) (6), (b) (7)(C)	Office, if any, 0 (b) (6), (b) (7)	ell No (C)
(signature of representative or person making of	Print Name and Title	Fax No	
Address (b) (6), (b) (7)(C)	Date	e-Mail	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BL PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TIFLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA). 29 U.S.C. § 451 et.seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing under labor practice and related proceedings of brigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information will cause the NLRB to decline to invoke its processes.

RESIDENT OFFICE REGION T GRAND RAPIDS. MI

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 3512

6-5-2013

DO NOT WRITE IN THIS SPACE

Case Date Filed

07-CA-106594

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

a. Name of Employer	R AGAINST WHOM CHARGE IS BROUGHT	
2. 1.1.1.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2		b. Tel. No. 313-274-3700
Team Mental Health Services		c. Cell No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	f. Fax No.
	7 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	g. e-Mail
921 Howard Street	Pam Lamb	
Dearborn, MI 48124	raili Lallio	h. Number of workers employed
		approx. 275
. Type of Establishment (factory, mine, wholesaler, etc.) health facility	j. Identify principal product or service mental health service	
K. The above-named employer has engaged in and is engaged		section 8(a), subsections (1) and (list
subsections)		abor Relations Act, and these unfair labor
practices are practices affecting commerce within the mea		
within the meaning of the Act and the Postal Reorganization	마이 그런 살림을 하게 되었다. 이번 마음으로 하고 있는데 이번 이번 이번 이번 경기를 가고 있습니다. 그렇게 되었다.	
2. Basis of the Charge (set forth a clear and concise stateme	nt of the facts constituting the alleged unfair labor	practices)
((5)(8)*((5)(7)(C)		
	d me for engaging in protected concerte	ed activites, including but not limited
to complaining about my and other employees te	erms and conditions of employement.	
	full name, including local name and number)	
(1) (0) (1) (7)(0)	full name, including local name and number)	
3. Full name of party filing charge (if labor organization, give to (b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4b. Tel. No. (b) (6), (b) (7)(C)
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a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) Full name of national or international law programization of more on the control of the latter hat size in the statement of the control of the latter hat size in the statement of the latter hat size in the size in the statement of the latter hat size in the size	which it is an affiliate or constituent unit <i>(to be fille</i> IN Its are true to the best of my knowledge and belief.	4c. Cell No. 4d. Fax No. 4e. e-Mail ad in when charge is filed by a labor Tel. No (b) (6), (b) (7)(C) Office, if any, Cell No. Fax No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
07-CA-107381	6-17-13	

INSTRUCTIONS	INS	TF	U	CT	TO	NS
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a Mania of Parallel		WHOM CHARGE IS BROUGHT	T L N	unbas of workers assulated
 a. Name of Employe U.S. Steel 			300	umber of workers employed
	city, state, and ZIP code)	d. Employer Representative		e. Telephone No.
1 Quality Drive	Foorse MI 48220	James Van Buren, D		313-749-2436
1 Quality Drive, Ecorse, MI 48229		Labor Relations and	Keith	Fax No.
		Bauer, Labor Relation		Unknown
f. Type of Establish	ment (factory, mine, wholesaler, etc.)	g. Identify principal produ	t or service	
Steel Mill		Steel		
and (list subsec	ted employer has engaged in and is engaging in tions) (3) and (5) of the National Labor Relating of the Act, or these unfair labor practices are ization Act.	tions Act, and these unfair labor	practices ar	e practices affecting commerce
	Charge (set forth a clear and concise sta	atement of the facts constit	uting the	alleged unfair labor
practices)		A. 177. A.		muser page for 2
	nd of [0][6x[0]][2013, the Employer discharge	ed employee (b) (6), (b) (7	(C) in ret	aliation for union and
protected conce	erted activity.			
*		including local name and numbers		
3. Full name of par	ty filing charge (<i>if labor organization, give full name</i> , Union Chairman – Grievance Committe			
3. Full name of par Bonnie Burke,	ty filing charge (<i>if labor organization, give full name</i> ,			4b. Telephone No.
3. Full name of par Bonnie Burke, 4a. Address (Street d	ty filing charge (<i>if labor organization, give full name,</i> Union Chairman – Grievance Committe			734-720-9241
3. Full name of par Bonnie Burke, 4a. Address (Street a	ty filing charge (if labor organization, give full name, Union Chairman – Grievance Committe and number, city, state, and ZIP code)			
3. Full name of par Bonnie Burke, 4a. Address (Street of 11424 West Jef 5. Full name of nate	ty filing charge (if labor organization, give full name, Union Chairman – Grievance Committe and number, city, state, and ZIP code)	е	tilled in when	734-720-9241 Fax No.
3. Full name of par Bonnie Burke, 4a. Address (Street of 11424 West Jef 5. Full name of nate organization) Le	ty filing charge (if labor organization, give full name, Union Chairman – Grievance Committe and number, city, state, and ZIP code) Terson, River Rouge, Michigan 48218 onal or international labor organization of which it is a ocal 9264, USW 6. DE	e n affiliate or constituent unit (to be j		734-720-9241 Fax No. charge is filed by a labor
3. Full name of par Bonnie Burke, 4a. Address (Street of 11424 West Jef 5. Full name of nate organization) Le	ty filing charge (if labor organization, give full name, Union Chairman — Grievance Committe and number, city, state, and ZIP code) Terson, River Rouge, Michigan 48218 onal or international labor organization of which it is a ocal 9264, USW	e n affiliate or constituent unit (to be j		734-720-9241 Fax No. charge is filed by a labor owledge and belief.
3. Full name of par Bonnie Burke, 4a. Address (Street of 11424 West Jef 5. Full name of nate organization) Le	ty filing charge (if labor organization, give full name, Union Chairman – Grievance Committe and number, city, state, and ZIP code) Terson, River Rouge, Michigan 48218 onal or international labor organization of which it is a ocal 9264, USW 6. DE	n affiliate or constituent unit (to be) CLARATION ne statements are true to the be		734-720-9241 Fax No. charge is filed by a labor
3. Full name of par Bonnie Burke, 4a. Address (Street of 11424 West Jef 5. Full name of nate organization) Lo	ty filing charge (if labor organization, give full name, Union Chairman – Grievance Committe and number, city, state, and ZIP code) Terson, River Rouge, Michigan 48218 onal or international labor organization of which it is a ocal 9264, USW 6. DE	n affiliate or constituent unit (to be) CLARATION ne statements are true to the be	st of my kn	734-720-9241 Fax No. charge is filed by a labor owledge and belief.
3. Full name of par Bonnie Burke, 4a. Address (Street of 11424 West Jef 5. Full name of nate organization) Lo	ty filing charge (if labor organization, give full name, Union Chairman — Grievance Committe and number, city, state, and ZIP code) The state of th	n affiliate or constituent unit (to be) CLARATION ne statements are true to the be	st of my kn	734-720-9241 Fax No. charge is filed by a labor owledge and belief.
3. Full name of par Bonnie Burke, 4a. Address (Street of 11424 West Jef 5. Full name of nate organization) Lef I declar By (signature)	ty filing charge (if labor organization, give full name, Union Chairman — Grievance Committe and number, city, state, and ZIP code) The state of th	n affiliate or constituent unit (to be particular) CLARATION le statements are true to the be	st of my kn	734-720-9241 Fax No. charge is filed by a labor owledge and belief.

01) PRIVACY ACT STATEMENT

INTERNET FORM NLRB-501

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
7-CA-107408	6-17-13	

CHARGE AGAINST EMPLOY	ER Case		Date Filed
INSTRUCTIONS:		-107408	6-17-13
NSTRUCTIONS: File an original with NLRB Regional Director for the region in which th			4
	GAINST WHOM CHARGE IS I		
a. Name of Employer	1.1.1.1.1		(734)479-380D
Ford Motor Company, Detroit	's High Velocity	Center co	ell No.
	1 F 7 7 7 8 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1	f, Fr	ax No.
d. Address (Street, city, state, and ZIP code) 1999 Brownstown Center Dr	e. Employer Representative Charles Gonza	leZ, g. e	-Mail
Brownstown, MI 48183	Hunan Resource		lumber of workers employed
1. Type of Establishment (factory, mine, wholesaler, etc.)	i Identify principal product or se	uto parts	
k. The above-named employer has engaged in and is engaging subsections) practices are practices affecting commerce within the meaning within the meaning of the Act and the Postal Reorganization A	in unfair labor practices within the of th g of the Act, or these unfair labor p	meaning of section 8(a ne National Labor Relat	ions Act, and these unfair labor
For the past six months, to disciplinary write-ups to to the hotline about and conditions of emp	he above-named me in retali my and other loyment.	ation for employees	has issued my calls 3' terms
3 Full name of party filing charge (if labor organization, give full (b) (6), (b) (7)(C)	name, including local name and n	un ber)	
4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	4-4-	4b Tel	. No.
		4c. Cel	No(b) (6), (6), (7)(C)
	-2	4d. Fa	x No
		4e. e-N	lail
Full name of national or international labor organization of whorganization)	nch it is an affiliate or constituent u	nil (to be filled in when	charge is filed by a labor

6. DECLARATION bove charne and that the statements are true to the best of my knowledge and belief Tel. No

e-Mail

Fax

(b) (6), (b) (7)(C)

Address

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

(Print/type name and title or office, if any)

(b) (6), (b) (7)(C)

To:Fwd: NLRB (13132262090)

FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
07-CA-107691	6-20-2013	

INSTRUCTIONS:

a. Name of Employer	R AGAINST WHOM CHARGE IS BROUGHT	b. Tel No. (248)852-7800
Boulevard Health Center		(240)632-1600
		c. Cell No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	f. Fax No. (248)852-6348
3500 W. South Blvd	Manda Ayoub, Administrator	g. e-Mail
Rochester Hills, MI 48309	3,000,000,000,000	
		h. Number of workers employed 128
Type of Establishment (factory, mine, wholesaler, etc.) Nursing Home	j. Identify principal product or service Healthcare	
k. The above-named employer has engaged in and is engag	ing in unfair labor practices within the meaning of s	ection 8(a), subsections (1) and (list
subsections) 8(a)(3), 8(a)(4)	of the National La	abor Relations Act, and these unfair labor
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganizati		unfair practices affecting commerce
2. Basis of the Charge (set forth a clear and concise stateme	ent of the facts constituting the alleged unfair labor	practices)
Since on or about (6) (6) (7)(6) 2013 the Employer,	by its officers, agents and representative	es, discriminatorily reprimanded
employees (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C)	retaliation for their union and/or protects	ed concerted activities on behalf of
Service Employees International Union, Healtho	are Michigan	
(b) (b), (c) (r)(c)		
Since on or about 2013 the Employer,	by its officers, agents and representative	es, discriminatorily terminated
employment for employee (b) (6), (b) (7)(C) in	by its officers, agents and representative retaliation for	es, discriminatorily terminated I concerted activities on behalf of
employment for employee (b) (b), (b) (7)(c) in	retaliation for union and/or protected	es, discriminatorily terminated I concerted activities on behalf of
employment for employee (b) (c), (b) (f)(c) in Service Employees International Union, Healthc	retaliation for union and/or protected are Michigan.	concerted activities on behalf of
employment for employee (b) (6), (b) (7)(C) in Service Employees International Union, Healthc The Employer, by its officers, agents and representalisation for giving testimony under the Act	retaliation for union and/or protected are Michigan. entatives has discriminatorily discharged	concerted activities on behalf of
employment for employee (b) (b) (b) (c) in Service Employees International Union, Healthc The Employer, by its officers, agents and repres	retaliation for union and/or protected are Michigan. entatives has discriminatorily discharged	concerted activities on behalf of
employment for employee (6), (6), (7)(7)(7) in Service Employees International Union, Healthough The Employer, by its officers, agents and representalisation for giving testimony under the Act	retaliation for union and/or protected are Michigan. entatives has discriminatorily discharged.	concerted activities on behalf of
employment for employee (B) (B) (F)(C) in Service Employees International Union, Healthough The Employer, by its officers, agents and representaliation for giving testimony under the Act	retaliation for union and/or protected are Michigan. entatives has discriminatorily discharged.	concerted activities on behalf of
employment for employee (B) (B) (F) (C) in Service Employees International Union, Healthc The Employer, by its officers, agents and representalisation for giving testimony under the Act Full name of party filing charge (if labor organization, give Service Employees International Union, Healthc	retaliation for union and/or protected are Michigan. entatives has discriminatorily discharged.	concerted activities on behalf of
employment for employee (b) (c), (b) (f)(c) in Service Employees International Union, Healthc The Employer, by its officers, agents and representalisation for giving testimony under the Act 3. Full name of party filing charge (if labor organization, give Service Employees International Union, Healthc 4a. Address (Street and number, city, state, and ZIP code) 2680 Vulcan St.	retaliation for union and/or protected are Michigan. entatives has discriminatorily discharged.	concerted activities on behalf of employee (b) (6), (b) (7)(C) n
employment for employee (B) (B) (C) (C) in Service Employees International Union, Healthc The Employer, by its officers, agents and representalisation for giving testimony under the Act Full name of party filing charge (if labor organization, give Service Employees International Union, Healthcoat. Address (Street and number, city, state, and ZIP code) 2680 Vulcan St.	retaliation for union and/or protected are Michigan. entatives has discriminatorily discharged.	demployee (b) (6), (b) (7)(C) n 4b. Tel. No. (231)722-6303
employment for employee (B) (B) (F) (C) in Service Employees International Union, Healthc The Employer, by its officers, agents and representalisation for giving testimony under the Act Full name of party filing charge (if labor organization, give Service Employees International Union, Healthcoat, Address (Street and number, city, state, and ZIP code) 2680 Vulcan St.	retaliation for union and/or protected are Michigan. entatives has discriminatorily discharged.	4b. Tel. No. (231)722-6303 4c. Cell No. (231)726-6764
employment for employee (B) (B) (F) (C) in Service Employees International Union, Healthc The Employer, by its officers, agents and representalisation for giving testimony under the Act Full name of party filing charge (if labor organization, give Service Employees International Union, Healthcoat, Address (Street and number, city, state, and ZIP code) 2680 Vulcan St.	retaliation for union and/or protected are Michigan. entatives has discriminatorily discharged.	4b. Tel. No. (231)722-6303 4c. Cell No. (231)726-6764 4e. e-Mail
employment for employee (b) (c), (b) (f)(c) in Service Employees International Union, Healthc The Employer, by its officers, agents and representalisation for giving testimony under the Act 3. Full name of party filing charge (if labor organization, give Service Employees International Union, Healthc 4a. Address (Street and number, city, state, and ZIP code) 2680 Vulcan St. Muskegon, MI 49444	retaliation for union and/or protected are Michigan. entatives has discriminatorily discharged. full name, including local name and number) are Michigan	demployee (b) (6), (b) (7)(C) n 4b. Tel. No. (231)722-6303 4c. Cell No. 4d. Fax No. (231)726-6764 4e. e-Mail brenda.robinson@seiuhcmi.org
employment for employee (b) (c), (c) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	retaliation for union and/or protected are Michigan. entatives has discriminatorily discharged. full name, including local name and number) are Michigan	demployee (b) (6), (b) (7)(C) n 4b. Tel. No. (231)722-6303 4c. Cell No. 4d. Fax No. (231)726-6764 4e. e-Mail brenda.robinson@seiuhcmi.org
employment for employee (P) (P) (P) (P) (P) in Service Employees International Union, Healthc The Employer, by its officers, agents and representation for giving testimony under the Act of the Service Employees International Union, Healthcoard, Service Employees International Union, Healthcoard, Street and number, city, state, and ZIP code) 2680 Vulcan St. Muskegon, MI 49444 5. Full name of national or international labor organization of organization) Service Employees International Union, Healthcoard, Service Employees Internat	retaliation for union and/or protected are Michigan. entatives has discriminatorily discharged. full name, including local name and number) are Michigan f which it is an affiliate or constituent unit (lo be fille on; Change To Win	4b. Tel. No. (231)722-6303 4c. Cell No. 4d. Fax No. (231)726-6764 4e. e-Mail brenda.robinson@seiuhcmi.org
employment for employee (P) (P) (P) (P) (P) in Service Employees International Union, Healthc The Employer, by its officers, agents and representalisation for giving testimony under the Act of Full name of party filing charge (if labor organization, give Service Employees International Union, Healthcoa. Address (Street and number, city, state, and ZIP code) 2680 Vulcan St. Muskegon, MI 49444 5. Full name of national or international labor organization of organization). Service Employees International Union.	retaliation for union and/or protected are Michigan. entatives has discriminatorily discharged. full name, including local name and number) are Michigan f which it is an affiliate or constituent unit (lo be fille on; Change To Win	4b. Tel. No. (231)722-6303 4c. Cell No. 4d. Fax No. (231)726-6764 4e. e-Mail brenda.robinson@seiuhcmi.org
employment for employee (P) (O), (D) (T)(C) in Service Employees International Union, Healthc The Employer, by its officers, agents and representation for giving testimony under the Act of Service Employees International Union, Healthcoan Address (Street and number, city, state, and ZIP code) 2680 Vulcan St. Muskegon, MI 49444 5. Full name of national or international labor organization of organization) Service Employees International Union, Healthcoan International Uni	retaliation for union and/or protected are Michigan. entatives has discriminatorily discharged. full name, including local name and number) are Michigan f which it is an affiliate or constituent unit (lo be fille on; Change To Win	4b. Tel. No. (231)722-6303 4c. Cell No. 4d. Fax No. (231)726-6764 4e. e-Mail brenda.robinson@seiuhcmi.org
employment for employee (P) (O), (D) (O) in Service Employees International Union, Healthc The Employer, by its officers, agents and representation for giving testimony under the Act of Service Employees International Union, Healthcoan Address (Street and number, city, state, and ZIP code) 2680 Vulcan St. Muskegon, MI 49444 5. Full name of national or international labor organization of organization). Service Employees International Union (Service Employees International Union). Service Employees International Union (Service Employees International Union). Because that I have read the above charge and that the statements of the statements of the statements of the statements of the statements.	retaliation for union and/or protected are Michigan. entatives has discriminatorily discharged. full name, including local name and number) are Michigan which it is an affiliate or constituent unit (lo be fille on; Change To Win ON and are true to the best of my knowledge and belief. renda D. Robinson, Attorney	4b. Tel. No. (231)722-6303 4c. Cell No. 4d. Fax No. (231)726-6764 4e. e-Mail brenda.robinson@seiuhcmi.org ad in when charge is filed by a labor Tel. No. (231)722-6303 Office, if any, Cell No.
employment for employee (b) (c), (b) (f)(c) in Service Employees International Union, Healthc The Employer, by its officers, agents and representalisation for giving testimony under the Act of Service Employees International Union, Healthcoan Address (Street and number, city, state, and ZIP code) 2680 Vulcan St. Muskegon, MI 49444 5. Full name of national or international labor organization of organization) Service Employees International Union 1 declare that I have read the above charge and that the statement	retaliation for union and/or protected are Michigan. entatives has discriminatorily discharged. full name, including local name and number) are Michigan f which it is an affiliate or constituent unit (lo be fille on; Change To Win	demployee (b) (6), (b) (7)(C) n 4b. Tel. No. (231)722-6303 4c. Cell No. 4d. Fax No. (231)726-6764 4e. e-Mail brenda.robinson@seiuhcmi.org ed in when charge is filed by a labor Tel. No. (231)722-6303
employment for employee (b) (c), (c) (d) in Service Employees International Union, Healthc The Employer, by its officers, agents and representation for giving testimony under the Act of the Service Employees International Union, Healthcoan Address (Street and number, city, state, and ZIP code) 2680 Vulcan St. Muskegon, MI 49444 5. Full name of national or international labor organization of organization) Service Employees International Union 1 declare that I have read the above charge and that the statements of the statemen	retaliation for union and/or protected are Michigan. entatives has discriminatorily discharged. full name, including local name and number) are Michigan which it is an affiliate or constituent unit (lo be fille on; Change To Win ON and are true to the best of my knowledge and belief. renda D. Robinson, Attorney	4b. Tel. No. (231)722-6303 4c. Cell No. 4d. Fax No. (231)726-6764 4e. e-Mail brenda.robinson@seiuhcmi.org ed in when charge is filed by a labor Tel. No. (231)722-6303 Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U S.C 3512

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
07-CA-107845	6-24-2013	

STRUCTIONS:	07-CA-1078	6-24-2013
le an original with NLRB Regional Director for the region in which		
	RAGAINST WHOM CHARGE IS BROUG	h Tel No san and sana
a. Name of Employer		b. Tel. No. 517 394-5900
Michigan State Employees Association		c. Cell No. n/a
d. Address (Street city, state and ZIP code)	e. Employer Representative	f. Fax No. 517 394 4060
d. Address (Street, city, state, and ZIP code) 6035 Executive Drive 6036 Executive Drive 6037 Executive Drive		g. e-Mail
Lansing, MI 48911		kmoore@msea.org
		h. Number of workers employed eight (8)
i. Type of Establishment (factory, mine, wholesaler, etc.) Union	j. Identify principal product or service Represents State of Michigan en	nployees
k. The above-named employer has engaged in and is engaged subsections; 8(a)(2), (3), (4), and/or (5).		of section 8(a), subsections (1) and (list all Labor Relations Act, and these unfair labor
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganizati	aning of the Act, or these unfair labor practices	
2. Basis of the Charge (set forth a clear and concise stateme		borometicasi
(b) (6), (b) (7)(C) ing charge (if labor organization, give	full name, including local name and number)	
ta. Address (Street and number, city, state, and ZIP code)		4b. Tel. No/_
b) (6), (b) (7)(C)		iva
		4c. Cell No. (b) (6), (b) (7)(C)
		4d. Fax No. n/a
		4e, e-Mail (b) (6), (b) (7)(C)
 Full name of national or international labor organization of organization) 	which it is an affiliate or constituent unit (to be	filled in when charge is filed by a labor
B. DECLARATIO ideclare that I have read the statement of the stat		Tel. No. (b) (6), (b) (7)(C)
	(6), (b) (7)(C)	Office. if any, Cell No.
(b) (6, (b) (6, (b) (7), (b) (6, (b) (7), (b) (6, (b) (7), (c) (6), (b) (6), (b) (7), (c) (7), (c) (6), (c) (6)	(Print/type name and title or office, if any)	Fax No. n/a
(b) (6), (b) (7)(C)	2450213	e-Mail (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

FORM EXEMPT UNDER 44 U.S.C 2512

INTERNET FORM NLRB-501 (2-00)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
07-CA-107907	6-25-2013

ile an original with NLRB Regional Director for the region in which	AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Tel. No. 313-226-8614/8667
United States Postal Service, Detroit Customer Services District		c. Cell No.
		f. Fax No. 313-226-8005
d Address (Street, city, state, and ZIP code) 1401 West Fort St. Detroit, MI 48233-9998	e, Employer Representative Efrain Alvarado, Sr. Plant Manager Linda White, TANS Manager	g, e-Mail
	Mildred Vic-Tatum, Manager	h. Number of workers employed 5000+
i. Type of Establishment (factory, mine, wholesaler, etc.) Processing & Distribution Center	j. Identify principal product or service collection, processing, transportation	on and delivery of U.S. Mail
k. The above-named employer has engaged in and is engage subsections.) practices are practices affecting commerce within the mea	of the National La	bor Relations Act, and these unfair labor
within the meaning of the Act and the Poetal Reorganization		
the (b) (6), (b) (7)(C) in Detroit Local. (b) (6), (b) (7)(C) was issued a Notice of Remois being removed from position for the claimer responsibility to unload the trailer was the duty of employee has ever been removed from employer nothing but a pretext for removing this meaning of the NLRA. 3 Full name of party fling charge (# Jebor organization, give American Postal Workers Union, Detroit District	ed reason that failed to unload a trailer of other employees, none of whom receive ment for failing to unload a trailer of mail.	effect (b)(6),(b)(7)(c) 2013, (b)(6),(b)(7)(c) of mail, when in fact the red disciplinary action. No other The issue of unloading mail is
4a. Address (Street and number, city, state, and ZIP code)		4b. Tel, No. 313-532-9305
20530 Southfield Road Detroit, MI 48235		de. Cell No.
Service Control of the Control of th		4d. Fax No. 313-532-5433
		4e, e-Mail
5. Full name of national or international labor organization or organization) American Postal Workers Union, AF		d in when charge is filed by a tebor
declare that I have read the allight charge and that the statemen	ION ents are true to the best of my knowledge and belief.	Tel, No. 313-532-9305
	ohn R. Merritt, Special Assistant	Office, if any, Cell No.
(signal une propensentable or person making charge)	(Printitype name and title or office, if any)	Fax No. 313-532-5433
20530 Southfield Road, Detroit, MI 482	06/24/2013	e-Mail jmerritt@apwudetroit.org

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
07-CA-108031	6-25-2013	

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the		ring.		
	GAINST WHOM CHARGE IS BROUGHT	h Tol No		
a. Name of Employer		b. Tel. No. 586-758-5550		
Weldaloy Product Company		c. Cell No.		
	1 - 2 - 3 - 2	f. Fax No.		
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	a a Mail		
11551 Stephens Road, Warren, MI 48089	Margaret Grant	g. e-Mail		
		h. Number of workers employed 55		
i. Type of Establishment (factory, mine, wholesaler, etc.) Factory	j. Identify principal product or service Electronics			
k. The above-named employer has engaged in and is engaging	in unfair labor practices within the meaning of se	ection 8(a), subsections (1) and (list		
subsections) 8(a)(1) & (3)	of the National La	bor Relations Act, and these unfair labor		
practices are practices affecting commerce within the meaning within the meaning of the Act and the Postal Reorganization	ng of the Act, or these unfair labor practices are u			
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting the alleged unfair labor p	practices)		
	and the second s			
During the past six months, the above named Emp their protected concerted activities and for their sup				
		i		
	•			
3. Full name of party filing charge (if labor organization, give full	I name, including local name and number)			
UAW Local 155				
4a. Address (Street and number, city, state, and ZIP code)		^{4b Tel. No} 313-600-1977		
7420 Murthum, Warren, MI 48092		4c. Cell No.		
		4d Fax No.		
		4e e-Mail		
5 Full pame of national or international labor assentant and	nigh it is an affiliate or constituent unit //a t = ##-	lin when shares is filed by a labor		
Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)				
6. DECLARATION		Tel. No.		
I declare that I have read the above charge and that the statements	are true to the best of my knowledge and belief.	same as 4b		
Sy	mon Halty, Chief Steward	Office, if any, Cell No.		
(signature of representative or person making charge) ((Print type name and title or office, if any)	Fax No.		
	06-25-13	e-Mail		
Address Same as 4a	(date)			

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT ONDER 44 0.3 C 3312		
DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
07-CA-108436	7-2-2013		

INSTRUCTIONS:

lie an original with NLRB Regional Director for the region in which the	ne alleged unfair labor practice occurred or is occur. GAINST WHOM CHARGE IS BROUGHT	ring.		
a. Name of Employer	GAINST WHOM CHARGE IS BROOGHT	b, Tel. No. 989-631-9670		
Tendercare Midland				
		c. Cell No.		
		f. Fax No. 989-631-6899		
d. Address (Street, city, state, and ZiP code)	e, Employer Representative			
4900 Hedgewood Drive	Amanda Stryker, Administrator	g. e-Mali		
Midland, MI 48640		astryker@extendicare.com		
		h. Number of workers employed 70		
i. Type of Establishment (fedory, mine, wholesaler, etc.) Nursing Hame	j Identify principal product or service Healthcare			
k. The above-named employer has engaged in and is engaging		action 8(a), subsections (1) and (list		
subsections) (3)		bor Relations Act, and these unfair labor		
practices are practices affecting commerce within the meaning		The state of the s		
within the meaning of the Act and the Postal Reorganization				
2. Basis of the Charge (sel forth a clear and concise statement	of the facts constituting the alleged unfair labor p	oreclices)		
On or about [676] 2013, during an election cam	paign, the employer arbitrarily discipline	ed and demoted an employee		
after having observed appear in photograph or				
actions, the employer committed unlawful discrimin				
3 Full name of party filing charge (if labor organization, give fu Service Employees International Union, Healthcar	Il name, Including local name and number)	and the second mathematical and the second s		
Service Employees international Onion, Healthcan	e Micrigan			
4a. Address (Street and number, city, state, and ZIP code)		4b. Tel. No. 866-734-8466		
2604 4th Street		4c. Cell No.		
Detroit, MI 48201				
		4d. Fax No. 313-965-0422		
		4e. e-Mail		
5. Full name of national or international labor organization of w	high it is an affiliate or constituent unit (to be file)	d o when charge is filed by a labor		
organization) Service Employees International Union		2 - Trion ondigo is mad by a lawor		
Service Employees International Office	, Change to Will			
6. DECLARATION		Tel. No. 517-745-1808		
I declare that I have read the above charge and that the statements	s are true to the dest of my knowledge and delief.	317 740-1000		
()	njamin Curl, Law Clerk	Office, if any, Celi No.		
(signature of representative or person making charge)				
பாகாள்க் செர்புத்தானாச சு நிசி 5011 பிகாரி பெளியு	(Print/type name and title or office, if any)	Fax No.		
	7/1/2013	e-Mail		
2604 4th Street, Detroit, MI 48201	// (/2013	ben.curl@seluhealthcaremi.org		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

07-CA-108552 July **5**, 2013

a Maria of Caralage	EMPLOYER AGAINST WHOM CHARGE IS BROU	JOH	
a. Name of Employer Red Arrow Medical Clinic P.C.		b Tel No (269)202-7014	
		c. Cell No.	
d. Address (street, city, state ZIP code)	e Employer Representative	f Fax No.	
6572 RED ARROW HWY, Coloma,	Aurora Mandanguit	(269)202-7130	
MI 49038		g. e-Mail	
		h Dispute Location (City and State) Coloma, MI	
i. Type of Establishment (factory, nursing home,	j. Principal Product or Service	k Number of workers at dispute location	
hotel)		8	
Medical practice	Health care		
	nployer has interfered with, restrained	and coerced its employees by	
aid and protection,	ration, give full name, including local name and num	ber) 4b. Tel No 4c. Cell No (b) (6), (b) (7)(C) 4d. Fax No.	
aid and protection. 3 Full name of party filing charge (if labor organize (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and 7 (b) (6), (b) (7)(C)	ration, give full name, including local name and num	ber) 4b. Tel No 4c. Cell No (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)	
aid and protection. 3 Full name of party filing charge (if labor organize (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Zeta) (b) (6), (b) (7)(C)	ration, give full name, including local name and num	ber) 4b. Tel No 4c. Cell No (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)	
aid and protection, 3 Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5 Full name of national or international labor organization)	ration, give full name, including local name and num	ber) 4b. Tel No 4c. Cell No (b) (6), (b) (7)(C) 4d Fax No. 4e e-Mail (b) (6), (b) (7)(C) (to be filled in when charge is filed by a labor	
aid and protection, 3 Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5 Full name of national or international labor organization) 6 DECLARATION I declare that I have read the above charge a my knowledge and belief.	ration, give full name, including local name and num	db. Tel No 4c. Cell No (b) (6), (b) (7)(C) 4d. Fax No. 4e.e-Mail (b) (6), (b) (7)(C) (to be tilled in when charge is filed by a labor	
aid and protection, 3 Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5 Full name of national or international labor organization) 6 DECLARATION 1 declare that I have read the above charge a	erigaged in concerted activition atton, give full name, including local name and number of the code.	ber) 4b. Tel No 4c. Cell No (b) (6), (b) (7)(C) 4d Fax No. 4e e-Mail (b) (6), (b) (7)(C) (to be filled in when charge is filed by a labor	
aid and protection. 3 Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and 7 (b) (6), (b) (7)(C) 5 Full name of national or international labor organization) 6 DECLARATION I declare that I have read the above charge a my knowledge and belief. (b) (6), (b) (7)(C)	engaged in concerted activition attion, give full name, including local name and number and support of the code. Inization of which it is an affiliate or constituent unit and that the statements are true to the best of (b) (6), (b) (7)(C)	ber) 4b. Tel No 4c Cell No (b) (6), (b) (7)(C) 4d Fax No. 4e e-Mail (b) (6), (b) (7)(C) (to be filled in when charge is filed by a labor Tel No Office, if any, Cell No. (b) (6), (b) (7)(C) Fax No.	
aid and protection, 3 Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5 Full name of national or international labor organization) 6 DECLARATION I declare that I have read the above charge a my knowledge and belief. (b) (6), (b) (7)(C)	engaged in concerted activition attion, give full name, including local name and number and support of the code. Inization of which it is an affiliate or constituent unit and that the statements are true to the best of (b) (6), (b) (7)(C)	db. Tel No 4c. Cell No (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) (to be tilled in when charge is filed by a labor Tel No Office, if any, Cell No. (b) (6), (b) (7)(C)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

RESIDENT OFFICE REGION T GRAND RAPIDS. MI

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INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXENT I DIVERTING U.S.C 3312
DO NOT WRITE IN THIS SPACE	
Case 07-CA-108815	Date Filed 7-9-2013

CHARGE AGAINST EMPLOYER INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfelr labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b. Tel. No. (313) 317-8900 a. Name of Employer Severstal North America c. Cell No. f. Fax No. e. Employer Representative d. Address (Street, city, state, and ZIP code) 14661 Rotunda Drive Sergei Kuznetsov g. e-Mall Dearborn, MI 48120 Melissa Cramer h. Number of workers employed + 1,000 employees 1. Type of Establishment (factory, mine, wholesaler, etc.) J. Identify principal product or service Steel Mill Manufactuer k. The above-named employer has engaged in end is engaging in unfair labor practices within the meaning of section B(a), subsections (1) and (first of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair lebor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Employer committed an unfair labor act within the last 6 months and they committed unilateral action when they called me to the office and suspended me without prior notification. I was denied my Winegard Rights when I specifically requested union representation at this meeting. The employer refused to provide union representation and refused to tell me why I was being suspended. There was no emergency situation to justify my immediate removal from the plant, and the employer had ample opportunity to adhere to my request for union representation just as the have done for other employees. These actions are also regulatory for me complaining and (b) (6), (b) (7)(C) (b) (6), (b) (7)(C filling charge (If labor organization, give full name, including local name and number) (b) (6), (b) (7)(C) 4s. Address (Street and number, dly, state, and ZIP code) 4b. Tel. No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) Tel. No. 6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) Office, If any, Cell No. (Print/type neme and title or office, if any) Fax No. e-Mall

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18. SECTION 1001)
PRIVACY ACT STATEMENT

7/9/2013

(date)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U S C 3512
DO NOT WE	RITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		
Case 07-CA-108876	Date Filed 7–10–2013	
07-CA-100070	7-10-2015	

NSTRUCTIONS:	07-	CA-108876	7–10–2013
le an original with NLRB Regional Director for the region in whic			ng.
a. Name of Employer	R AGAINST WHOM CHARGE	IS BROUGHT	h Tel No ava aca acas
			b. Tel. No. 313-323-0366
Allied Barton Security Services, LLC			c. Cell No.
			f. Fax No
d. Address (Street, city, state, and ZIP code) 20801 Oakwood Blvd	e. Employer Representative Gary Wellman		g. e-Mail
Dearborn, MI 48124			
			h. Number of workers employed
. Type of Establishment (factory, mine, wholesaler, etc.) security	j Identify principal product of	or service	
k The above-named employer has engaged in and is engag	ing in unfair labor practices within	the meaning of sec	tion 8(a), subsections (1) and (list
subsections) 3			or Relations Act, and these unfair labor
practices are practices affecting commerce within the mea			
within the meaning of the Act and the Postal Reorganization			an product of the pro
2 Basis of the Charge (set forth a clear and concise stateme	ent of the facts constituting the alle	eged unfair labor or	actices)
Within the past six months, the above named En	molover failed to promote (b) (6), (b) (7)(C)	etaliation for DIGINAL Union and
protected concerted activities. 3. Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C)			etaliation for union and union and the Tel No. (b) (6), (b) (7)(C)
protected concerted activities. B. Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C) Ha Address (Street and number, city, state, and ZIP code)			
protected concerted activities. 3. Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code)			4b Tel No. (b) (6), (b) (7)(C)
protected concerted activities. 3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code)			4b Tel No. (b) (6), (b) (7)(C) 4c Cell No
protected concerted activities. 3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of	full name, including local name a	nd number)	4b Tel No. (b) (6), (b) (7)(C) 4c Cell No 4d. Fax No 4e e-Mail
protected concerted activities. 3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) 5. Full name of national or international labor organization of organization) 6. DECLARATI	full name, including local name a	ent unit (to be filled i	4b Tel No. (b) (6), (b) (7)(C) 4c Cell No 4d. Fax No 4e e-Mail
3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of organization) 6. DECLARATI 1 declare that I have read the above of (b) (6), (b) (7)(C)	full name, including local name a	ent unit (to be filled i	4b Tel No. (b) (6), (b) (7)(C) 4c Cell No 4d. Fax No 4e e-Mail n when charge is filed by a labor
protected concerted activities. 3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of organization) 6. DECLARATION (b) (6), (b) (7)(C)	f which it is an affiliate or constitue ON ents are true to the best of my knowle	ent unit (to be filled i	4b Tel No. (b) (6), (b) (7)(C) 4c Cell No 4d. Fax No 4e e-Mail In when charge is filed by a labor Tel No. (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

(date)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
07-CA-109223	7-15-2013		

CHARGE AGAINST EMPLOY	ER	Case	Date Filed
STRUCTIONS: e an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occ		07-CA-109223	7-15-2013
		tice occurred or is occurrin	curring,
	GAINST WHOM CHAI		
a. Name of Employer			b. Tel. No.
C. A. L. L.			(134) 495-9180
Group Antolin Wayne			c Cell No.
d Address (Otto at 1991) and 1991 and 1991	e. Employer Represen	tatura.	1. Fax No. 134) 495-9520
d. Address (Street, city, state, and ZIP code)			g. e-Mail
41440 Michigan Avenue Ste 150	Yolanda	Green,	g. e-wan
N I Am Inch	11 1000 000	M	
47440 Michigan Avenue, Ste 150 Canton, MI 48188	Human reson	Green, wee Manager	h. Number of workers employed 200
i. Type of Establishment (factory, mine; wholesaler, etc.)	j. Identify principal prod		
k. The above-named employer has engaged in and is engaging in			on 8/a) subsections (1) and (list
subsections)	in Grida idaoi produces n		
			r Relations Act, and these unfair labor
practices are practices affecting commerce within the meaning		ir labor practices are unfa	air practices affecting commerce
within the meaning of the Act and the Postal Reorganization A			
2. Basis of the Charge (set forth a clear and concise statement of	of the facts constituting th	e alleged unfair labor prac	clices)
(b) (6), (b) (7)(c) (b) (6), (b) (7)(c) 2013 th	e aboute-no	med employed	suspended
(b) (6), (b) (7)(c) (c) (b) (6), (b) (7)	(C)	1.1.1.1	(6) (6) (6) (6) (6) (6) (6) (6) (6) (6)
(b) (b), (b) (r)	10 (etaliation to	
DC level 1			N. C.
protected, concerted activi	ities		
	5		
3 Full same of party files shares (if labor exception to a see full	name is all ideas to an in the		
3 Full name of party filing charge (if labor organization, give full (b) (6), (b) (7)(C)	name, moldding local har	ne and number)	
4a. Address (Street and number, city, state, and ZIP code)		4	b, Tel. No
(b) (6), (b) (7)(C)			
		14	c. (b) (6), (b) (7)(C)
			d. Fax No.
			NU. FAX NO.
		A	b) (6), (b) (7)(C)
		(5) (6), (b) (7)(C)
5. Full name of national or international labor organization of whi	ich it is an affiliate or cons	stituent unit (to be filled in	when chame is filed by a labor
organization)	ion it is an animate or cons	minderit drift (to be filled fil	When charge is filed by a labor
6. DECLARATION			Fel. No.
declare that I home each above charge and the thorn tatements a	are true to the best of my kn	owledge and belief.	
(b) (6), (b) $(t)(C_t)$	o) (6), (b) (7)(C)		Office If any Cell No.
By (b) (c) (b) (f) (f) (f) (7)(c)			Office, If any, Cell No. (b) (6), (b) (7)(C)
(b) (6), (b) (7) (b) (6), (b) (6), (c) (7)(c) (b) (6) (c) (7)(c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	плиура пата апи ша и от	ace a any	ax No
(0) (6)			AUTIE
		>/10/ e	-Mail 1916 Paris
Address		1/12/2/3	o) (6), (၀) (၀) (၀)
Muliega		(date)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE	
е	Date Filed
7_01_100250	7_15_13

CHARGE AGAINST EMPLOTE	ER Su		Date i ned	
INSTRUCTIONS:	0	7-CA-109259	7-15-13	
le an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or				
	GAINST WHOM CHARGE	E IS BROUGHT	17/2007	
a. Name of Employer			b. Tel. No	
Car Ashla Waran			(734) 495-9180	
Group Antolin Wayne			c Cell No.	
			7.5.3.00	
d. Address (Street, city, state, and ZIP code)	e. Employer Representativ	10	(734) 495-9520	
			g. e-Mail	
47440 Michigan Ave, Stelso	Volanda G	illen,	g. o man	
Canton, MI 48188	1 1	and the second		
(aldon, MT 48188	Human Resour	ce Manager	h. Number of workers employed	
		_ 0	200	
i. Type of Establishment (factory, mine, wholesaler, etc.)	J. Identify principal product			
plant	automotive			
k. The above-named employer has engaged in and is engaging in	n unfair labor practices within	n the meaning of secur	on 8(a), subsections (1) and (list	
subsections)		of the National Labor	Relations Act, and these unfair labor	
practices are practices affecting commerce within the meaning	of the Act, or these unfair ta	abor practices are unfa	ir practices affecting commerce	
within the meaning of the Act and the Postai Reorganization A	ct.			
2. Basis of the Charge (set forth a clear and concise statement of	of the facts constituting the at	lleged unfair labor prac	tices)	
On about (b) (6), (b) (7)(c) 2013, suspended (b) (6), (b) (7)(c)	the object	namad amal	over indefinitely	
Un about 2019,	the above-1	namen empr	DISTRIBUTION THE PROPERTY OF T	
Que non dod (b) (6), (b) (7)(C)	in cotalist.	· Co	Minn	
343 percaea	in ikimiwie	211 401	Much	
activities.				
world in the				
3. Full name of party filing charge (if tabor organization, give full r	name including local name s	and number		
(b) (6), (b) (7)(C)	iame, including local hame a	ind trainder)		
4a. Address (Street and number, city, state, and ZIP code)		4	b. Tel. No.	
(b) (6), (b) (7)(C)				
		40	(b) (6), (b) (6), (b) (6), (b) (7)(C)	
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		14	d Fax Nr	
·		4	e. e-Mail	
			TI TO TOTAL	
F Full				
Full name of national or international labor organization of whice organization)	ch it is an affiliate or constitue	ent unit (to be filled in	when charge is filed by a labor	
7.3				
E BEALDS			al Na	
DECLARATION I declare that I have read the above charge and that the statements are	re true to the hest of my knowle		el, No.	
		Joge and Dellet		
), (b) (7)(C)	Q	ffice if any Cell No b) (6), (b) (7)(C)	
By[^(b) (e), (b			b) (0), (b) (7)(C)	
(F)	nnwype name and line or onice,	Tany)	ax No	
	7	110 /2012 e.	Mail	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

(date)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Address

To:

(b) (6), (b) (7)(C)

可用用毛足利用 印刷的 報点名音器体 UNITED STATES OF MAERICA MATIONAL LABOR RELATIONS BOARD DO NOT WRITE IN THIS SPACE Data Filed CHARGE AGAINST EMPLOYER 07-CA-109692 7-23-2013 INSTRUCTIONS File an original with NURS R I EMPLOYER AGAINST WHOM CHURGE IS BROUGHT a teams of Employer Dieducal Controffint 810 372 2.000 C. Cell No d. Address (Sheet, cay, sinds, and ZiF code) e. Employer Representative 4015 ballenger they Angela Chame 500+ I. Type of Establishmeny (factory, mino, who holiestelline, utility Hers 71 to 1

The size of named employer has argument in and a engaging in unfar succe practices with Health Sac n the mountin of section 1945, elbendonic (1) and plat MAD SACROPPO of the Mathemal Labor Betalken Act, and Dasse union labor plactures are practices effecting commercic within the research of the Act or these under lates practices are under practices affecting commerce within the meaning of the Act and the Protect Recognitives Act. the Charge (sel firth a clear and concern statement of the facts constituting the efleged unital labor precisions) (technical base minum incas probably more that uses evaluation and (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) \$. For name of recision in electrostational labor organization of which & is an africary or constituent and to be billy 6. DECLARATION (b) (6), (b) (7)(C) ents are true to the best of our knowledge and balled (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (6)、(6)(7)(6)) (6), (b) (7)(C

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY THE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 100*
PRIVACY ACT STATEMENT

(b) (6), (b) (7)(C)

Solutation of the information on this turn is sufficiently the National Labor Relations Act of Childay, 2011; C. § 1811 at ear. The principal use of the information is to exercise the National Labor Relations. The relation bear for Proceedings of Relations from the relation to the information are tally jet fore to the Federal Register. 11 End. Reg. 14942 43 (Cat. 13, 2006) The NLRS in which the copy of the relation supply the information on the NLRS in reduce to the relation to supply the information and course the NLRS in reduce to the relation to supply the information and course the NLRS in reduce to the relation to supply the information and course the NLRS in reduce to the reduce to the reduce to the relation to the rel

see above

Address

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER	44	U:	S C	351	2
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DO NOT WRITE IN THIS SPACE

Case Date Filed 7-25-2013

STRUCTIONS:	07-CA	-109931	7-25-2013	
e an original with NLRB Regional Director for the region in which	h the alleged unfair labor practice occur	red or is occurring.		
	R AGAINST WHOM CHARGE IS I		±	
Name of Employer		b.	Tel. No	
Stant USA Corp.		c	c Cell No	
Address (Cleant situated and 7/D ands)	e Employer Representative	f.	Fax No	
Address (Street, city, state, and ZIP code) 0701 Powell, Romeo, MI 48065	Jennifer Malkowski	g.	g. e-Mail	
77,2 31,3 33,1-31, -1,1-31,2-31, 31,3-3-2-3		h	h Number of workers employed	
Type of Establishment (factory, mine, wholesaler, etc.) actory	j Identify principal product or se fuel filler tubes	rvice		
The above-named employer has engaged in and is engagi subsections) (3) practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization	of th ining of the Act, or these unfair labor p	e National Labor Re	ations Act, and these unfair labo	
ctivity				
Full name of party filing charge (if labor organization, give	full name, including local name and n	umber)		
b) (6), (b) (7)(C)	Tell Marria Miller and Array Service and a co	41110017		
a. Address (Street and number, city, state, and ZIP code)		amost,		
a. Address (Street and number, city, state, and ZIP code)			el. No (b) (6), (b) (7)(C)	
		4b 1	Tel. No. (b) (6), (b) (7)(C)	
		4b 1 4c. C 4d.	ell No. Fax No	
		4b 1 4c. 0 4d. 4e. e	Cell No.	
Full name of national or international labor organization of		4b 1 4c. 0 4d. 4e. e (b) (Fax No -Mail 6), (b) (7)(C)	
Full name of national or international labor organization of organization) 6. DECLARATI declare that I have read the above charge and that the statement	f which it is an affiliate or constituent u ON nts are true to the best of my knowledge	4b 1 4c. C 4d. 4e. e (b) (Fax No -Mail 6), (b) (7)(C) en charge is filed by a labor	
Full name of national or international labor organization of rganization) 6. DECLARATI declare that I have read the above charge and that the statement (b) (6), (b) (7)(C)	f which it is an affiliate or constituent u	4b 1 4c. C 4d. 4e. e (b) (and belief.	Fax No -Mail 6), (b) (7)(C) en charge is filed by a labor	
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WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

(date)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
07-CA-109993	7-26-13	

CHARGE AGAINST EMPLOYER

Name of Employer		b. Number of workers employed
Johnson Controls		500
With the residents		
Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.
2775 Oakland	Lisa Montgomery	313-252-4269
lighland Park, MI 48203		Fax No.
Type of Establishment (factory, mine, wholesaler, etc.)	g Identify principal product or	service
actory	auto parts	
The above-named employer has engaged in and is engaging in a and (list subsections) (3) of the National Labor Relations Act, within the meaning of the Act.		
Basis of the Charge (set forth a clear and concise statement of the facts of	constituting the alleged unfair labor pro	actices)
n about (b) (6), (b) (7)(C) 2013, I was discharged due	to my union and protect	ad concerted activities
about 2015, I was discharged due	to my union and protect	ed concerted activities.
	ered with, restrained, and coerce	d employees in the exercise of the
ghts guaranteed in Section 7 of the Act.		d employees in the exercise of the
this guaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full name in		d employees in the exercise of the
ghts guaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full name in		d employees in the exercise of the
ghts guaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full name in		d employees in the exercise of the
ghts guaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full name, in) (6), (b) (7)(C)		
ghts guaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full name, in) (6), (b) (7)(C) Address (street and number, city, state, and ZIP code)		
ghts guaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full name, in) (6), (b) (7)(C) Address (street and number, city, state, and ZIP code)		d employees in the exercise of the 4b. Telephone No (b) (6), (b) (7)(C)
this guaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full name, in (6), (b) (7)(C) Address (street and number, city, state, and ZIP code)		4b. Telephone No (b) (6), (b) (7)(C)
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this guaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full name, in (6), (b) (7)(C) Address (street and number, city, state, and ZIP code) (6), (b) (7)(C)	cluding local name and number)	4b. Telephone No (b) (6), (b) (7)(C) Fax No.
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this guaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full name, in (6), (b) (7)(C) Address (street and number, city, state, and ZIP code) (6), (b) (7)(C)	cluding local name and number)	4b. Telephone No (b) (6), (b) (7)(C) Fax No.
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Address (street and number, city, state, and ZIP code) (6), (b) (7)(C) Address (street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of which it is an organization)	cluding local name and number) affiliate or constituent unit (to be filled	4b. Telephone No (b) (6), (b) (7)(C) Fax No. In when charge is filed by a labor
Address (street and number, city, state, and ZIP code) (6), (b) (7)(C) Address (street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of which it is an organization) 6. DEC	cluding local name and number) affiliate or constituent unit (to be filled	4b. Telephone No (b) (6), (b) (7)(C) Fax No. In when charge is filed by a labor
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Address (street and number, city, state, and ZIP code) (6), (b) (7)(C) Address (street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of which it is an organization) 6. DEC	cluding local name and number) affiliate or constituent unit (to be filled	4b. Telephone No (b) (6), (b) (7)(C) Fax No. In when charge is filed by a labor my knowledge and belief.
Address (street and number, city, state, and ZIP code) (6), (b) (7)(C) Address (street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of which it is an organization) (6), (b) (7)(C) Light of the state of th	cluding local name and number) affiliate or constituent unit (to be filled LARATION statements are true to the best of	4b. Telephone No (b) (6), (b) (7)(C) Fax No. In when charge is filed by a labor my knowledge and belief. Individual
Ents guaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full name, in) (6), (b) (7)(C) Address (street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of which it is an organization) 6. DECLE I declare to the Labor organization of that the office of the composition of the co	cluding local name and number) affiliate or constituent unit (to be filled LARATION statements are true to the best of	4b. Telephone No (b) (6), (b) (7)(C) Fax No. In when charge is filed by a labor my knowledge and belief.
Setts guaranteed in Section 7 of the Act. Full name of party filing charge (if labor organization, give full name, in) (6), (b) (7)(C) Address (street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of which it is an organization) 6. DEC I declare 1 t I have read the s	cluding local name and number) affiliate or constituent unit (to be filled LARATION statements are true to the best of	4b. Telephone No (b) (6), (b) (7)(C) Fax No. In when charge is filed by a labor my knowledge and belief. Individual
Address (street and number, city, state, and ZIP code) (6), (b) (7)(C) Address (street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of which it is an organization) (a) (b) (c) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	affiliate or constituent unit (to be filled LARATION statements are true to the best of	4b. Telephone No (b) (6), (b) (7)(C) Fax No. In when charge is filed by a labor my knowledge and belief. Individual (Print/type title or office, if any)
Full name of national or international labor organization of which it is an organization) 6. DECLE declare to the Laborator of the Laborator	affiliate or constituent unit (to be filled LARATION statements are true to the best of	4b. Telephone No (b) (6), (b) (7)(C) Fax No. In when charge is filed by a labor my knowledge and belief. Individual

08-02-13 14:05

FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

DO NOT WRITE IN THIS SPACE	
Сазе	Date Filed
07-CA-110507	8-2-2013

INSTRUCTIONS:	
File an orthinal with NI RR Regional Director for the region in which the alleged unfair lebor or a	ctice occurred or is occurring

ite an original with NLRB Regional Director for the region in which th	e alleged unfair lebor practice occurred or is occur GAINST WHOM CHARGE IS BROUGHT	rring.
a. Name of Employer	GAMINET WITHOUT OF WATER TO BE	b. Tel. No. 810-422-9436
E I, Inc. d/b/a Church's Chicken		c. Cell No.
		C. Cell No.
	E-class Consequent	f. Fax No.
d. Address (Street, city, state, and ZIP code) 3410 W. Corunna Rd., Flint, MI 48503	e. Employer Representative Eui Hyung Kim	g. e-Mail
	, ,	
		h. Number of workers employed 20+
i. Type of Establishment (factory, mine, wholesaler, etc.) restaurant	j. Identify principal product or service food service	
k. The above-named employer has engaged in and is engaging	in unfair labor practices within the meaning of s	ection 8(a), subsections (1) and (list
subsections)	of the National Le	abor Relations Act, and these unfair labor
practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization		unfair practices affecting commerce
2. Basis of the Charge (set forth a cleer and concise statement	of the facts constituting the alleged unfair labor	practices)
The above named employer who owns and operat		lawfully threatened and retaliated
against numerous employees for engaging in prote	ected activity under the Act	
 Full name of party filing charge (If labor organization, give full Michigan Worker's Organizing Committee 	Il name, including local name and number)	
4a. Address (Street and number, city, state, and ZIP code)		4b. Tel. No.
269 Walker Street, Suite 843 Detroit, MI 48207		4c. Cell No.
		4d. Fax No.
		4e. e-Mail
Full name of national or international labor organization of worganization) None	which it is an affiliate or constituent unit (to be fill	ed in when charge is filed by a labor
6. DECLARATION I declare that I have read the above charge and that the statement		Tel. No. 248-354-9650
By Pat	rick J. Roral, Attorney	Office, if any, Cell No.
(signature of representative or person making charge)	(Print/type name and title or office, if any)	Fax No. 248-354-9656
400 Galleria Officentre, Suite 117, Southfiel	d, MI 48034 8/2/2013 (date)	e-Mail prorai@michworklaw.com

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

08-02-13 14:04

Pg: 2/3

FORM EXEMPT UNDER 44 U S C 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE	E IN THIS SPACE
Case	Date Filed
07-CA-110545	8-2-2013

INSTRUCTIONS:	
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lie an original with NLRS Regional Director for the region in which t	he alleged unfair labor practice AGAINST WHOM CHARGI		J
a Name of Employer	TOTALION OF THE O	- 14 5 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	b. Tel. No. (810) 715-1225
JH Kim, Inc. d/b/a Church's Chicken			
			c. Cell No.
			f. Fax No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representativ	/B	g. e-Mail
3043 S. Dort Hwy, Burton, MI 48529	III SOOK KIIII		g. g-wein
			h. Number of workers employed 20+
Type of Establishment (factory, mine, wholesaler, etc.) restaurant	j, Identify principal product food service	t or service	
k. The above-named employer has engaged in and is engaging	g in unfair labor practices with	in the meaning of sect	on 8(a), subsections (1) and (#st
subsections)		of the National Labo	r Relations Act, and these unfair labor
practices are practices affecting commerce within the means within the meaning of the Act and the Postal Reorganization		labor practices are unfi	air practices affecting commerce
2. Basis of the Charge (set forth a clear and concise statemen			
The above named employer who owns and opera			fully threatened and retaliated
against numerous employees for engaging in prot	ected activity under the	Act	
			,
3. Full name of party filing charge (if lebor organization, give fill Michigan Worker's Organizing Committee	ull neme, including local name	end number)	
	,		4b. Tel, No.
4a. Address (Street and number, city, state, and ZIP code)			4b. 16i, NO.
269 Walker Street, Suite 843 Detroit, MI 48207			4c Cell No.
			4d. Fax No.
			4e. e-Mail
 Full name of national or International labor organization of organization) None 	which it is an effillate or consti	tuent unit (to be filled l	n when charge is filed by a labor
6. DECLARATIOn the later that I have read the above charge and that the statement		wledge and belief.	Tel. No. 248-354-9650
Pa Pa	trick J. Roral, Attorney		Office, if any, Cell No.
(signature of representative or person making charge)	(Print/type name and title or office	ce. if any)	Fax No. 248-354-9656
400 Galleria Officentre, Suite 117, Southfie	ld, MI 48034	8/2/2013 (date)	e-Mail prorai@michworklaw.com

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

	FORM EXEMPT UNDER 44 U.S.C 3512
DO NOT WRITE	IN THIS SPACE
Case	Date Filed
07-CA-110735	8-7-2013

INSTRUCTIONS:		
File an original with NLRB Regional Director for the region in which th		ring.
	GAINST WHOM CHARGE IS BROUGHT	1
a. Name of Employer		b. Tel. No. (313) 945-8600
First Student Inc.		c. Cell No.
Address (Otract etc. and 700 and 1	e. Employer Representative	f. Fax No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	g. e-Mail
8145 Greenfield Road	Roger Radcliff	
Detroit MI 48228		h Number of workers employed approx 300
Type of Establishment (factory, mine, wholesaler, etc.) Transportation	j. Identify principal product or service School Bus	
k. The above-named employer has engaged in and is engaging	in unfair labor practices within the meaning of se	ection 8(a), subsections (1) and (list
subsections) 8 a(1)		bor Relations Act, and these unfair labor
practices are practices affecting commerce within the meaning within the meaning of the Act and the Postal Reorganization is	•	unfair practices affecting commerce
2. Basis of the Charge (set forth a clear and concise statement		
On Wednesday, (b) (6), (b) (7)(C) 2013 the Employer throi	igh its officers, agents or representative	es have discriminatively
disciplined (b) (6), (b) (7)(C) a union steward for	participating in protected concerted ac	tivities.
3. Full name of party filing charge (if labor organization, give full	name, including local name and number)	
Teamsters Local Union No. 243		
4a. Address (Street and number, city, state, and ZIP code)		^{4b. Tel. No.} (734) 420-6900
39420 Schoolcraft Rd		4c. Cell No.
Plymouth Twp, MI 48170		dd Fay No
		4d. Fax No. (734) 420- 2610
		49. e-Mall
5. Full name of national or international labor organization of wi	nich it is an affiliate or constituent unit (to be filler	d in when charge is filed by a labor
International Brotherhood of Teamsters		
6. DECLARATION I declare that I have read the above charge and that the statements	are true to the best of my knowledge and belief.	Tel. No. (734) 420-6900 EXT 107
By Wars Rebenson Doug	g Robinson	Office, If any, Cell No.
(signature depresentative or person making charge)	Printrype name and title or office, if any)	Fax No. (734) 420-2610
39420 Schoolcraft Rd Plymouth MI 48170	8/7/2013	e-Mall
Address	(date)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

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CHARGE AGAINST EMP	LUTER	Case	5 C/0/U	VEFFETTE
NSTRUCTIONS:		07-CA-11	0744	8-7-2013
ile an original with NLRB Regional Director for the region in wh				
	ER AGAINST WHOM	CHARGE IS BROUG		
a. Name of Employer			b.	Tel No. 248-512-2944
Chrysler - Sterling Heights Assembly Plant			C.	Cell No.
d. Address (Street wife state and 7/D sode)	e. Employer Rep	verentative	f. F	Fax No.
d Address (Street, city, state, and ZIP code) Sterling Heights Assembly Plant	Brad Devine	resentative	g.	e-Mail
38111 Van Dyke	1		bjo	d9@chrysler.com
Sterling Heights, MI 48312	1		h.	Number of workers employed
Type of Establishment (factory, mine, wholesaler, etc.) Factory	J. Identify principal Automobiles	al product or service	-	
k. The above-named employer has engaged in and is engaged subsections. Section 8(a)(1) practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization.	eaning of the Act, or the	of the Nation	al Labor Rela	ations Act, and these unfair labor
Under Section 8(a)(1) of the Act, an employee Chrysler has continually neglected their obligat	tions in this matter.	$^{(b)}(6), (b)(7)(C(b)(6)$	11 /- / /	(C) from personal
Chrysler has continually neglected their obligate $(b) (6), (b) (7)(C)$ After numerous $(b) (6), (b) (7)(C)$ a $(b) (6), (b) (7)(C)$ on June 11, 2012, as spell diligence in follow up on this $(b) (6), (b) (7)(C)$ and $(b) (6), (b) (7)(C)$ was $(b) (6), (b) (7)(C)$ by the Sterlin $(b) (6), (b) (7)(C)$ was new $(b) (6), (b) (7)(C)$ and this was carried out on act upon it in a reasonable manner, denying $(b) (6)$	tions in this matter. and fear of ed out in the nations b) (6), (b) (7)(C) attempting Heights (b) (6), er allowed to return (2013. Chry	(b) (6), (b) (7)(C(b) (6)) of punishment (Time al contract. Chrysle pted to resolve this (b) (7)(C) and (b) (6), (c) sler has had posse to have the collective.	e off/write user refused to situation. (a) (6), (b) (7)(C) ssion of this	ips), (a) (b) (7)(C) agreed to to perform their due In addition, on November 2 (b) (7)(C) and again attempted a is report and has failed to
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WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

INTERNAUG. 8. 2013 2:26PM Teamsters local 243
FORM NIRO-DUI
(11.04)
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

	No. 1225 EMPT P.	2 44 U.S.C. 3512
DO NOT WR	ITE IN THIS SPACE	
Case	Date Filed	
07-CA-110833	8-8-2013	

INSTRUCTIONS:

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

occurred or is occurring.	4.00		· · · · · · · · · · · · · · · · · · ·	
1. EMPLOYER AG	GAINST WHOM CHARGE IS BR	OUGHT		
a. Name of Employer		-	b. Number of Workers Employed	
Enjol Transportation			Approximately 30	
c. Address (street, city, State, ZIP, Code)	d. Employer Representative		e. Telephone No.	
1545 Clay	Doublette Hemiltee		(313) 758-1000 Fax No.	
Detroit. M) 48202	Paullette Hamilton		Pax No.	
1. Type of Establishment (factory, mins, wholesaler, etc.)	g. Identity Principal Product or Service			
Transportation	Para Transit Service			
h. The above-named employer has engaged in and is engaging in unit subsections) 8a (1), 8a (3), 8a (4)	air labor practices within the mean of the N	ning of Section 8(a), National Labor Relat	, subsections (1) and <i>(list</i> lons Act, and these unfair isbor	
practices are unfair practices affecting commerce within the meaning	ng of the Act.			
2. Basts of the Charge (set forth a clear and conclose statement of the Since on or before (b) (6), (b) (7)(C) (c) (b) (6), (b) (7)(C) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	ugh its officers agents or re	epresentatives	have discharged	
			"	
By the above and other acts, the above-named employer has in guaranteed in Section 7 of the Act.	lerfered with, restrained, and co	oerced employees	; in the exercise of the rights	
3. Full name of party filling charge (# labor organization, give full name	, including local name and number)r)		
Teamsters Local Union No. 243	·			
4a. Address (street and number, city, State, and ZIP Code) 39420 Schoolcraft			o. Telephone No. (734) 420-6900 Ext 107	
Plymouth Township, MI 48170 Fax No. (734) 420-2610				
5. Full name of national or International labor organization of which it is	e an affiliate or constituent unit (lo	be filled in when ch	large is Ned by a labor organization)	
International Brotherhood of Teamsters				
I declare that I have read the above charge and I	6. DECLARATION hat the statements are true to II	he best of my Kno	wledge and bellef.	
7777	BINSON	Business Rer		
(Signature of representative or person making charge) Fax No. (734) 420-2610 (7786, 18 any)		(Title, if any)		
Address 39420 Schoolcraft, Plymouth Twp., MI 48170 Fex No. (734) 420-6900 8/8		8/8/13		
		(Telephone No.)	Date	

INTERNET FORM NURB-501

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD FORM EXEMPT UNDER 44 US C 3512

DO NOT WRITE IN THIS SPACE (2-08) Case Date Filed CHARGE AGAINST EMPLOYER 07-CA-110988 8-12-2013 INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alteged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b. Tel. No. 734-528-5056 a. Name of Employer Watson Home Care c. Cell No f. Fax No. e. Employer Representative d. Address (Street, city, state, and ZIP code) g. e-Mail 2755 Carpenter Road 3NW Ann Arbor, MI 48108 h. Number of workers employed 250 i. Type of Establishment (factory, mine, wholesaler, etc.) j. Identify principal product or service Health Care Services Home Care Agency k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) On or around (b) (6), (b) (7)(C) the employee, (b) (6), (b) (7)(C) was suspended from employment at Watson Home Care. On or was terminated from employment at Watson (b) (6), (b) (7)(C) was participating in protected concerted activity under Section 7 of the act at the time, and was disparately treated based on participation in protected concerted activity. 3. Full name of party filing charge (if labor organization, give full name, including local name and number) SEIU Healthcare Michigan (Service Employees International Union 4a. Address (Street and number, city, state, and ZIP code) 4b. Tel. No. 313-963-3847 2604 4th Street 4c. Cell No. Detroit, MI 48201 4d. Fax No. 4e. e-Mall 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filled by a labor organization) Service Employees International Union Tel. No. 6. DECLARATION 313-303-9596 I declare that Livave read the above charge and that the statements are true to the best of my knowledge and belief. Office, if any, Cell No. Stephen Cousins 313-303-9596 Asignature of representative or person making charge (Print/type name and little or office, if any) Fax No. e-Mail (date) Address

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
07-CA-111051	8-12-2013	

INSTRUCTIONS:	0/-CA-11103
MOTROCTIONS.	
file on a delect with MI DD Declared Diseases for the sector	and the contract of the contra

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT Name of Employer		b. Tel. No. 248-551-4564
William Beaumont Hospital		
Villati Beautient (1889) al		c. Cell No.
		f. Fax No.
I. Address (Street, city, state, and ZIP code)	e. Employer Representative	- 14-D
3601 W. 13 Mile Rd., Royal Oak, MI 48073-6712	Amy Giannosa	g. e-Mail
		h. Number of workers employed
Type of Establishment (factory, mine, wholesaler, etc.) lospital	j. Identify principal product or service Health care	and the second of the second o
. The above-named employer has engaged in and is engaging	in unfair labor practices within the meaning of	section 8(a), subsections (1) and (list
subsections) (3) and (4)	of the National L	abor Relations Act, and these unfair labo
practices are practices affecting commerce within the meaning within the meaning of the Act and the Postal Reorganization	[1] (2014년 - 12 15 15 15 15 15 15 15 15 15 15 15 15 15	unfair practices affecting commerce
Basis of the Charge (set forth a clear and concise statement	t of the facts constituting the alleged unfair labor	practices)
on about (10,00,00,00) 2013, the above-named Employ		
		du against
protected concerted activities and Board act	tivities.	
Eult name of party filing charge (if labor organization, give fu	ull name, including local name and number)	
Eult pame of party filing charge (If labor organization, give fu	ull name, including local name and number)	
a. Address (Street and number, city, state, and ZIP code)	ull name, including local name and number)	4b. Tel. No. (b) (6), (b) (7)(C)
a. Address (Street and number, city, state, and ZIP code)	ill name, including local name and number)	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No.
Eult name of party filing charge (if labor organization, give fund) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C)	ull name, including local name and number)	
a. Address (Street and number, city, state, and ZIP code)	ull name, including local name and number)	4c. Cell No.
a. Address (Street and number, city, state, and ZIP code)		4c. Cell No. 4d. Fax No. 4e. e-Mail
a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) c. Full name of national or international labor organization of warganization) 6. DECLARATION	which it is an affiliate or constituent unit <i>(to be fill</i> e	4c. Cell No. 4d. Fax No. 4e. e-Mail
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WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

	TORNE EXEMPT ONDER 44 0.5.0 5012	
DO NOT WRITE IN THIS SPACE		
Case Date Filed		
7 (7 11107		

INSTRUCTIONS:

le an original with NLRB Regional Director for the region in which 1. EMPLOYER	AGAINST WHOM CHARGE IS BROUGHT	
. Name of Employer		b. Tel. No. 810-230-6700
Sams Club		c. Cell No.
		C. Cell No.
1.11.	La Farriera Barra antaba	f. Fax No.
d. Address (Street, city, state, and ZIP code) 4373 W Corunna Road	e. Employer Representative Jason Corbett	g. e-Mail
Flint, MI 48532	Karla Cash	
A-19-12-12-12-12-12-12-12-12-12-12-12-12-12-	Trent Powers	h. Number of workers employed
		200 at this site
. Type of Establishment (factory, mine, wholesaler, etc.) Retail	i. Identify principal product or service Food, household goods, electronice,	etc
c. The above-named employer has engaged in and is engagin		all management of the control of the
subsections) 8 (8) (1)		abor Relations Act, and these unfair labor
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization	ning of the Act, or these unfair labor practices are u	
2. Basis of the Charge (set forth a clear and concise stateme	ent of the facts constituting the alleged unfair labor	practices)
On [916, 617/16] 2013 I was discharged and denied m	Weingarten Rights On	was discharged while engaged in
2013 I was discharged and demed in	y weingarten rights. On	was discharged write engaged in
protected concerted activity.		
 Full name of party filing charge (if labor organization, give 	full name, including local name and number)	
	full name, including local name and number)	
(b) (6), (b) (7)(C)	full name, including local name and number)	An Tal No BANGA INVENCE
(b) (6), (b) (7)(C) Aa. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4b. Tel. No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) Aa. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No.
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(b) (6), (b) (7)(C) Aa. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4c. Cell No. 4d. Fax No.
(b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4c. Cell No. 4d. Fax No. 4e. e-Mail
(b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)		4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) da. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) 6. Full name of national or international labor organization of		4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)
b) (6), (b) (7)(C) la. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) 5. Full name of national or international labor organization of organization)	which it is an affiliate or constituent unit (to be filled	4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) d in when charge is filed by a labor
(b) (6), (b) (7)(C) Aa. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) 5. Full name of national or international labor organization of organization) 6. DECLARATIO	which it is an affiliate or constituent unit (to be filled	4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) d in when charge is filed by a labor
(b) (6), (b) (7)(C) Sa. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) So. Full name of national or international labor organization of organization) 6. DECLARATION (b) (6) (b) (7)(C)	which it is an affiliate or constituent unit <i>(to be filled</i> ON nts are true to the best of my knowledge and belief.	4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) d in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C)
b) (6), (b) (7)(C) la. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) 6. Full name of national or international labor organization of organization) 6. DECLARATIC I declare that I have read the above charge and that the statement (b) (6), (b) (7)(C) b)	which it is an affiliate or constituent unit (to be filled	4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) d in when charge is filed by a labor
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(b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of organization) 6. DECLARATIC (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	which it is an affiliate or constituent unit (to be filled) ON nts are true to the best of my knowledge and belief. (6), (b) (7)(C) (Print/type name and title or office, if any)	4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) d in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C) Office if any Cell No. (b) (6), (b) (7)(C) Fax No.
I declare that I have read the above charge and that the statemen (b) (6), (b) (7)(C) By	which it is an affiliate or constituent unit (to be filled ON nts are true to the best of my knowledge and belief. (6), (b) (7)(C)	4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) d in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C) Office if any Cell No. (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U.S.C 3512
DO NOT WRIT	E IN THIS SPACE
Case	Date Filed
07-CA-112460	9-3-2013

INSTRUCTIONS:

a. Name of Employer	R AGAINST WHOM CHARGE IS BROUGHT	b. Tel. No. (989)802-5101
MidMichigan Medical Center-Clare		(969)802-3101
		c. Cell No.
		f. Fex No. (989)802-8800
Address (Street, city, stete, and ZIF code) 8 N. McEwan Street Ray Stover - President		g. e-Mail
703 N. McEwan Street Clare, MI 48617		ray.stover@midmichigan.org
		h. Number of workers employed
. Type of Establishment (factory, mine, wholesaler, etc.)	J. Identify principal product or service	_1,
c. The above-named employer has engaged in and is engage	otno in unfair labor practices within the meaning of s	section 6(s), subsections (1) and list
subsections)		abor Relations Act, and these unfeir labor
practices are practices affecting commerce within the me within the meening of the Act and the Postal Reorganizati	aning of the Act, or these unfair labor practices are	
. Besis of the Charge (set forth a clear and concise statem	and of the feets constitution the attacked value labor	amelian)
On or about 13 my employer suspended m	e. Then on or about 13 I was disched	arged because I engaged in
concerted activity with other employees for muti		3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
concerned activity with other employees for thut	ual ald and protection.	
D) (6) (7)(C) (B) (b) (7)(C)	e full neme, including local name and number)	
b) (6), (b) (7)(C)	e full neme, Including local name and number)	
	e full neme, Incluthing local name and number)	4b. Tel. No. (b) (6), (b) (7)(C)
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4a. Address (Street end number, city, state, and ZIP code)	e full neme, Including local name and number)	
4a. Address (Street end number, city, state, and ZIP code)	e full name, Incluthing local name and number)	4c, Cell No. 4d. Fax No. 4e. e-Meli
(b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	e full neme, Including local name and number)	4c, Cell No.
4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization		4c, Cell No. 4d. Fax No. 4e, e-Mell (b) (6), (b) (7)(C)
S. Full name of national or International labor organization organization)	of which it is an affiliate or constituent unit (to be fills	4c, Cell No. 4d. Fax No. 4e. e-Mell (b) (6), (b) (7)(C) ad In when charge is filed by a labor
4a. Address (Street end number, city, state, end ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization	of which it is an affiliate or constituent unit (to be fills	4c, Cell No. 4d. Fax No. 4e, e-Mell (b) (6), (b) (7)(C)
As. Address (Street end number, city, state, and ZIP code) b) (6), (b) (7)(C) 5. Full name of national or international labor organization organization) 6. DECLARAT I declare that I have read the above charge and that the statem (b) (6), (b) (7)(C)	of which it is an affiliate or constituent unit (to be fills (ION) ents are true to the best of my knowledge and belief.	4c, Cell No. 4d. Fax No. 4e. e-Mell (b) (6), (b) (7)(C) ad In when charge is filed by a labor
4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization organization) 6. DECLARAT	of which it is an affiliate or constituent unit (to be fills TION ents are true to the best of my knowledge and belief.	4c, Cell No. 4d. Fax No. 4e. e-Mell (b) (6), (b) (7)(C) ad In when charge is filed by a labor Tel. No. Office, If any, Cell No.
4a. Address (Street end number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization organization) 8. DECLARAT I declare that I have read the above charge and that the statem	of which it is an affiliate or constituent unit (to be fills IION ents are true to the best of my knowledge and belief. D) (6), (b) (7)(C)	4c, Cell No. 4d. Fax No. 4e. e-Mell (b) (6), (b) (7)(C) ed In when charge is filed by a labor Tel. No. Office, If any, Cell No. Fax No.
4s. Address (Street end number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization organization) 8. DECLARAT declare that I have read the above charge and that the statem	of which it is an affiliate or constituent unit (to be fills IION ents are true to the best of my knowledge and belief. D) (6), (b) (7)(C)	4c, Cell No. 4d. Fax No. 4e. e-Mell (b) (6), (b) (7)(C) ad In when charge is filed by a labor Tel. No. Office, If any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

EMPT UNDER 44 U.S.C. 3312		
DOINOTAWRITE IN THIS SPACE		
Date Filed		
9-5-2013		

INSTRUCTIONS

Name of Employer	AINST WHOM CHARGE IS BROUGHT	b. Number of workers employed	
Michigan Carpet Delivery		approx. 12	
c. Address (street, city, state, ZIP code) 9860 Harrison, Building 13 Romulus, MI 48174	d. Employer Representative Grant Soule, Regional Manager	e. Telephone No. (734) 946-4572 (しい) タフィックみ4の	
. Type of Establishment (factory, mine, wholesaler, etc.) Warehouse			
The above-named employer has engaged in and is engaging in subsections (1) and (4) of the National Labor Relations Act, a affecting commerce within the meaning of the Act.	n unfair labor practices within the meanin and these unfair labor practices are unfair	g of section 8(a), practices	
government agencies.			
· ·			
" 현대 회에 가는 자리 자네 시간 아프라이트 하면 하면 하면 하면 사람이 있다" 이 사람들이 되었다. 그런 나이지를 들어 들어 들어 먹는 그렇게 얼마를 보는 때 먹어요. 그 작	erfered with, restrained, and coerced emp	loyees in the exercise of the rights	
그렇다. 하고 아이프로 하고 있다면 선생님은 하고 하다면 하는 아이를 가게 하는 것이다. 그렇다 하는 그는 그는 그는 그는 그를 먹는데 얼마나 그 아이를 살았다. 그는 그 그들은 그 없는	erfered with, restrained, and coerced emp	loyees in the exercise of the rights	
그렇다 다른 아내리에 자연하면 하면 11. 하루어워. 아무리에 아무리를 하면 하는데 하는데 아무리를 하는데 하는데 이번 아무리를 하는데	erfered with, restrained, and coerced emp	loyees in the exercise of the rights	
그렇다 다른 아내리에 자연하면 하면 11. 하루어워. 아무리에 아무리를 하면 하는데 하는데 아무리를 하는데 하는데 이번 아무리를 하는데	erfered with, restrained, and coerced emp	layees in the exercise of the rights	
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full r		layees in the exercise of the rights	
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full r.b) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code)		doyees in the exercise of the rights 4b. Telephone No. (b) (6), (b) (7)(C)	
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full r b) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C)	name, including local name and number	4b. Telephone No. (b) (6), (b) (7)(C)	
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full r.b.) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which by a labor organization.	name, including local name and number	4b. Telephone No. (b) (6), (b) (7)(C)	
3. Full name of party filing charge (if labor organization, give full rb) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which by a labor organization.	name, including local name and number chit is an affiliate or constituent unit (to be constituent).	4b. Telephone No. (b) (6), (b) (7)(C) e filled in when charge is filed	
I declare that I have read the abov向向targe and (b) (6), (b) (7)(C)	name, including local name and number ch it is an affiliate or constituent unit (to be constituent unit). 6. DECLARATION that the statements are true to the best of the constituent of the constituent unit.	4b. Telephone No. (b) (6), (b) (7)(C) e filled in when charge is filed	
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full r b) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which by a labor organization. I declare that I have read the above and and (b) (6), (b) (7)(C)	name, including local name and number ch it is an affiliate or constituent unit (to be constituent unit). 6. DECLARATION that the statements are true to the best of the constituent of the constituent unit.	4b. Telephone No. (b) (6), (b) (7)(C) e filled in when charge is filed f my knowledge and belief.	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT



UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS SOARD CHARGE AGAINST EMPLOYER FORM ENSINF LANGER 44 U & C 2012

DO NOT WRITE IN THIS SPACE

07-CA-113365 9-16-2013 INSTRUCTIONS 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b. TH. No. 600-582-5469 Wayne Disposal, Inc. c. Cal No 734-329-8050 1 Fax No 600-529-5329 d Address (Street offy, state and ZIP of 49350 North I-94 Service Drive Michael Porsth Belleville, Michigan 48111 Kosi M. Laubacher - Human Resources 60-80 I. Type of Emphatement (Motory, mine, wholesaler, etc.) J. Identify principal product or ass Commercial hazardous waste landfill Collection and druposal of commercial hazardous waste mins of section B(s), subsections (1) and (list within the meaning of the Act and the Potcal Recognition Act. I have been a dedicated employee of Wayne Disposal for through the International Union of Operating Engineers I have an above-average work record and I am a hard worker. I(b) (6), (b) (7)(C) and was (b) (6), (b) (7)(C) I have a perfect work record and never missed a day (b) (b) (f) (c) Most recently, I was laid off due to Tack of work". I feel that has violated my rights as an employee taking into consideration my years of service and dedication to my job. The company had no bases to lay me off out of line of seniority other than (b) (b), (b) (7)(C) The lay-off notice that I was given was more reflective of a dispharge notice. 4b TH. No. (b) (6), (b) (7)(C An Address (Street and o (b) (6), (b) (7)(C (b) (6), (b) (7)(C) International Union of Operating Engineers Local 324 5 DECLARATION the read the stone charge and that the statements : tel. No (b) (6), (b) (7)(C) (6), (b) (7)(C) 8-1213 (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

WILLFUL FILES STATEMENTS ON THIS CHARGE CAN BE PUREMED BY FINE AND REPRESENTED FULL CODE, TITLE 19, SECTION 1801)
FRIVACY ACT STATEMENT

Solicitation of the information on this form is subtracted by the National Labor Residence Act (NLRA), 29 U.S.C. § 151 of xeg. The principal use of the information is to assist the National Labor Residence Source (NLRS) in processing until latest practice and releted proceedings or Migetion. The nutries uses for the information are fully sol forth in the Federal Processor, 71 Fed. Pag. 76942-43 (Doc. 13, 2006). The NLRS as information the cause for NLRS as information, for the information and cause for NLRS as postured, incomes, causes to examply the information will cause the NLRS as opening or the information will cause the NLRS as opening or the information will cause the NLRS as opening or the information will cause the NLRS as

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FORM	NI	RR.	-501

FORM EXEMPT UNDER 44 U.S.C. 351;

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C. 35		
DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
07-CA-113561	9/17/13	

INSTRUCTIONS File an original and 4 copies of this charge with NLRB Regio	onal Director for		_
The region in which the alleged unfair labor practice occurre			_
1. EMPLOYER AGA a. Name of Employer	AINST WHOM CHARGE IS BROUGHT	b. Number of workers employed	-
Moeller Manufacturing Co		a transce of the transce of the transce	
c Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No	Ξ
30100 Beck Road, Wixom, MI 48393	Frank G. Litfin, III	248-960-3999	
		22.22.37.22	
f Type of Establishment (factory, mine, wholesaler, etc.)	g Identify principal product or se	rvice	
Manufacturing	Defense		
 The above-named employer has engaged in and is engagin of the National Labor Relations Act, and these unfair labor p 	g in unfair labor practices within the mean	ing of § 8(a)(1) & (3)	
Basis of the Charge (set forth a clear and concise statement of the charge (set forth a clear and concise statement	of the facts constituting the alleged unfair I	abor practices)	
By the above and other acts, the above-named employees in the exercise of the rights guarantee.	eed in Section 7 of the Act.		
3. Full name of party filing charge (if labor organization, give full (b) (6), (b) (7)(e)	name, including local name and number)		
4a Address (street and number, city, state and ZIP code)		4b Telephone No.	1
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	
		(b) (6), (b) (7)(C)	ľ
		14 3 45	
		Home No	_
 Full name of national or international labor organization of white By a labor organization 	ich it is an affiliate or constituent unit (to be	filled in when charge is filed	
	6. DECLARATION	G. A. D. E. L. A. A. A. C.	Ī
I declare that I have read the above charge and	that the statements are true to the best of	my knowledge and belief.	
(b) (6), (b) (7)(C)			
Ву	Title:	Individual	
Signature of person making charge Address:	Telephone No:	Date:	
[SAME AS 4A]	[SAME AS 4b]	9/17/2013	7

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	07-CA-113640
INSTRUCTIONS:	0 (4000) (4000)
File an original with NLRB Regional Director for the region in which the alleged unfa-	ir labor practice occurred or is occurring.

a. Name of Employer	R AGAINST WHOM CHARGE IS BROUGHT	b. Tel. No. 248-332-5687
TKMS, Inc.		248-332-5687
KMS, Inc.		c. Cell No.
1 Add (0) 1 1 1 1 1 1	Sections Programme that he	f. Fax No.
Address (<i>Street, city, state, and ZIP code)</i> 1780 East Highland Pontiac, MI 48340	e. Employer Representative Jeffery Laming	g. e-Mail
		h. Number of workers employed
Type of Establishment (factory, mine, wholesaler, etc.) Frucking	j. Identify principal product or service transportation of aggregate, sand, ar	nd other materials
. The above-named employer has engaged in and is engagi	ing in unfair labor practices within the meaning of se	ection 8(a), subsections (1) and (list
subsections) 8(a)(1) practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization	aning of the Act, or these unfair labor practices are u	abor Relations Act, and these unfair labor unfair practices affecting commerce
(if labor organization, give	full name, including local name and number)	
	full name, including local name and number)	4b. Tel. No. (b) (6), (b) (7)(C)
a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No.
a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	
Evilogence of party filing charge (if labor organization, give la. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C)	full name, including local name and number)	4c. Cell No.
a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) c. Full name of national or international labor organization of		4c. Cell No. 4d Fax No. 4e e-Mail
a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) c. Full name of national or international labor organization or organization) 6. DECLARATI	f which it is an affiliate or constituent unit (to be fille	4c. Cell No. 4d Fax No. 4e e-Mail
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a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) Full name of national or international labor organization or organization) 6. DECLARATI I declare that I have read the above charge and that the statements (b) (6), (b) (7)(C) (c) (6), (b) (a), (c) (c) (c) (c)	f which it is an affiliate or constituent unit (to be fille) ION ents are true to the best of my knowledge and belief.	4c. Cell No. 4d Fax No. 4e e-Mail d in when charge is filed by a labor Tel. No Office, if any, Cell No. Fax No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001 PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE		
	Date Filed	
07-CA-113715	9-19-2013	

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

a. Name	r labor practice occurred or is occurring. 1 EMPLOYER AG.		
		AINST WHOM CHARGE IS BROUGHT	
n1 0	of Employer		b. Number of workers employed
Blue Cr	oss/Blue Shield of Michigan		100s
	s (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.
600 T of	ayette, Detroit, MI 48226	Tiffany Moss	
000 Lai	ayette, Detroit, MI 48220		Fax No
f. Type o	f Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product of	r service
insurance	provider	insurance	
and (li and th practic 2 Basis o	sove-named employer has engaged in and is engage at subsections) 3 ese unfair labor practices are practices affecting co es affecting commerce within the meaing of the Act of the Charge (set forth a clear and concise statement of the	mmerce within the meaing of the Act, or and the Postal Reorganization Act. the facts constituting the alleged unfair labor pro-	of the National Labor Relations Act, r these unfair labor practices are unfair ractices)
The En	nployer suspended and terminated (b)) (6), (b) (7)(C) _{and} (b) (6), (b)	(7)(C) _{because of their}
	ed concerted and union activities		A CONTRACTOR OF THE CONTRACTOR
	ame of party filing charge (if labor organization, give full)	name, including local name and number)	
(b) (6),	ame of party filing charge (if labor organization, give full) (b) (7)(C) (5) (5) (5) (5) (5) (6)	name, including local name and number)	4b, Telephone No.
(b) (6), 4a. Addres	(b) (7)(C) s (Street and number, city, state, and ZIP code)	name, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(G)
(b) (6),	(b) (7)(C) s (Street and number, city, state, and ZIP code)	name, including local name and number)	4b. Telephone No. (D) (6), (D) (7)(C) Fax No.
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(Telephone No.) (date)
WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U. S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

09/19/2013 11:54

FORM EXEMPT UNDER 44 U.S.C 3512

MITERNET FORM NURB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

: Case 07-CA-113727 Date Filed 9-19-2013

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer

Consumers Energy D.E. Karn 182 Plant

d. Address (Street, city, state, and ZIP code) 2742 North Weadock Highway Essexville, MI 48732

e Employer Representative

Jeremy Owen

b. Tel. No.

989.891.3172 c. Cell No.

Fax No. 891. 3488

g. e-Matt

60

h. Number of workers employed

i. Type of Establishment (factory, mine, wholesaler, etc.)

Power Plant

I. Identify principal product or service

producing electricity.

The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) of the National Labor Relations Act, and these unfair labor

practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

- 2 Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)
 - was discharged without cause.
 - The Company violated the Disabled Veterans Act.
 - was in a hostile work environment and the Company failed to act on it.
 - 4. The Company violated their own Labor Relations Bulletin

3. Full name of party filing charge (if labor organization, give full name, including local name and number) Utility Workers Union of America, AFL-CIO, Local 144

4a Address (Street and number, city, state, and ZIP code)

17055 Third Street Bay City, MI 48708

4b. Tel. No. 989.893.547 4c. Celi No.

4d. Fax No. 989.893.9191

uwua144@hotmail.com

5. Full name of national or international labor organization of which it is an offiliate or constituent unit (to be filled in when charge is filed by a labor

Utility Workers Union of America, AFL-CIO

6. DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

Tel. No.

989.893.5471

Office. if any, Cell No.

989.751.5562

989.893.9191

Julian Zielinski Jr., President (Pontitype name and title or office, if any)

1705½ Third Street, Ray City, MI 48708

August 29, 2013 uwua144@hotmail.com

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist ne National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or literature Federal Register, 71 Fed. Reg. 74942-43 (New 12 annual processing)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WR	ITE IN THIS SPACE	
ase	Date Filed	
7_CA_113772	9/20/13	

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT a. Name of Employer b. Tel. No. 313 935-5700 Willie McCormick and Associates c. Cell No. f. Fax No. d. Address (Street, city, state, and ZIP code) e. Employer Representative 13522 Foley St. Willie McCormick g. e-Mail Detroit, MI 48227 h. Number of workers employed approximately 20 i. Type of Establishment (factory, mine, wholesaler, etc.) j. Identify principal product or service Contractor Underground Water Services k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) 2013, the above named Employer has failed and refused to dispatch (b) (6). (b) (7)(C) for because of protected concerted activities, including, but not limited to, complaints regarding being paid prevailing wage for work performed. (b) (6), (b) (7)(c) siling charge (if labor organization, give full name, including local name and number) 4a. Address (Street and number, city, state, and ZIP code) 4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C 4d. Fax No. 4e e-Mail 5 Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) 6. DECLARATION Tel. No. I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)_{an individual} Office, if any, (b) (6), (b) (7) By (Print/type name and title or office, if any) Fax No. e-Mail 9/20/13

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

(date)

MNA

COM NIBBORS	UNITED STATES OF A			DO NOT WR	ITE IN THIS SPACE
15-04)	CHARGE AGAINST E		Cesse		Date Filed
STRUCTIONS:				-1 <u>1</u> 391	2 9-20-2013
le en adginal with M.R.S.S.	togional Director for the region in	OYER AGAINST WH			
e. Name of Employer		OLEK DOSINGL MAI	OM CHARGE, IS BA	COORT	. Tel. No. 810.867.5500
McLaren-Lapeer Re	eglon			1	010.007.3300
				15	Cell No.
d. Ademas (Street, city.	press, and ZIP code)	a, Employer	Representative		Fea No.
1375 North Main		Ded Dark		P	NeM→ .
Lapser MI 48446		Bart Buxto	200	i i	
capaer fer county		President-	-CEO	j.	. Number of workers employed
. Type of Establishment	frictory, mine, wholesafer, etc.	J Lidomity pri	nupel prishing or service	Ce .	Promise is referred.
The above-named con	ployer has engaged in and is a	monding in sinfale labor o	practices within the me	aning of median	B(n), subsections (1) and (flat
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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U.S.C 3512
DO NOT WR	ITE IN THIS SPACE
Case	Date Filed
07-CA-114172	9-25-2013

NSTRUCTIONS:		07-CA-114172	3-23-2013
lie an original with NLRB Regional Director for the region in which the			
1. EMPLOYER AC	GAINST WHOM CHA	RGE IS BROUGHT	To Take to the tak
a. Name of Employer			6. Tel. No. (484) 351-1300 c. Cell No.
Allied BArton Security	Service:	S tative	1. Fax No. 35)-1384
Allied Barton Security a. Address (Street, city, state, and ZIP code) Corporate Office, Fight Town Bridge 161 Washington St Ste 600	6 PANKLANG	Blud Ste 560	g. e-Mail
Conshohocken, PA 19428	Dearborn A	hich. 48126	h, Number of workers employed 35 Hord LANC Properties
i. Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal pro-	duct or service	
k. The above-named employer has engaged in and is engaging in subsections) practices are practices affecting commerce within the meaning within the meaning of the Act and the Postal Reorganization A	g of the Act, or these unf	of the National Labor	Relations Act, and these unfair labor
		ne alleged unfair labor pred	dices) (by (s) (by 7740)
2. Basis of the Charge (set forth a clear and concise statement of The Employer discount of the Employer discount of the Employer discount of the And Other Protected	Charge MI My pro	e on or A. tected Un	bout 13 11'on Activities
And Other Protected	J CONCE	orted Act	ivities
3. Full name of party filing charge (if labor organization, give full (b) (6), (b) (7)(C)	name, including local na	me and number)	
4a, Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)			b. Tel. No. (b) (6), (b) (7)(C)
		1	c. Cell No.
		4	d. Fax No.
		4	e. e-Mail
5. Full name of national or international labor organization of whit organization)	ich it is an affiliate or cor	nstituent unit (to be filled in	when charge is filed by a labor
6. DECLARATION I decla 1 have read the above charge and that the statements a (b) (U), (b) (7)(C)	are true to the best of my k		el. No.
By [6],(6), (b) (6). (b)(6). (b)(6). (c)			Office, if any, Cell No.
(b) (b) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Print/type name and title or t	nmce, if eny)	ax No.
(b) (6), (b) (7)(C)		9/25/13 e	-Mail
WILLIAM SALES STATEMENTS ON THE OWARDS OAN DE	STATISTICS BY BUYER	UD MEDDIOCHMENT MAG	

PRIVACY ACT STATEMENT

FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
07-CA-114356	9-27-2013	

ISTRUCTIONS:	0, 011, 119	
lie an original with NLRB Regional Director for the region in which	the alleged unfair labor practice occurred or is occu	rring.
1, EMPLOYER	AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer	-	b. Tel, No. 734-654-4644
Kace Logistics		c. Cell No. 734-755-2295
		f. Fax No. 734-654-1248
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	
862 Will Carleton Road	Joseph Parin	g. e-Mail parinj@kcintergrated.com
Carleton, MI 48117		h. Number of workers employed 150
Type of Establishment (factory, mine, wholesaler, etc.) Factory	j. Identify principal product or service Supply chain services	
k. The above-named employer has engaged in and is engagin	ng in unfair labor practices within the meaning of s	section 8(e), subsections (1) and (list
subsections) (3)		abor Relations Act, and these unfair labor
prectices are prectices affecting commerce within the meen within the meaning of the Act and the Postel Reorganizatio	ning of the Act, or these unfair labor practices are	
2. Basis of the Charge (set forth a clear and concise statemen		r omotions)
2. Basis of the Charge (set forth a crear and concise statemen	of the tacks constituting the energed union leader	practices
During the last six months, the Company has	violated the Act by discharging employe	ses due to their union activity
builting the last six months, the company has	violated the Act by discharging employe	es due to their amon county;
3. Full name of party filing charge (If labor organization, give	full name, including local name and number)	
International Union, United Automobile, Aerospa	ce & Agricultural Implement Workers of	America UAW
4a. Address (Street and number, city, state, and ZIP code)		4b. Tel. No. 313-926-5216
8000 East Jefferson Ave.		4c, Cell No. 313-605-0738
Detroit, MI 48214		4d. Fax No. 040 000 5040
Delion, 1811 40214		^{4d. Fax No.} 313-926-5240
		4e. e-Mail
		wkarges@uaw.net
5. Full name of national or International labor organization of	which this an affiliate as constituent unit to be fill	and in whom charges in Stad by a labor
organization)	WHICH IT IS AN ARMAGE OF CONSIDER IN WHILE (TO DO IN	Bu in Witer, charge is filed by a rabor
6. DECLARATIO	N/	Tel. No.
I declare that I have lead the above charge and that the statemen	nts are true to the best of my knowledge and belief.	
		Office, If any, Cell No.
	illiam Karges, Assoc. General Counsel	_
(signaturi of proceedative or porson making charge)	(Print/type name and title or office, if any)	Fax No.
	~L /-	e-Mail
	<u> </u>	_{
Address	(cipia)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U.S.C 3512	
DO NOT WRITE IN THIS SPACE		
Case 07-CA-114422	Date Filed September 36, 201	

INSTRUCTIONS:

	RAGAINST WHOM CHARGE IS BROUGHT		
a Name of Employer Telamon Corporation		b. Tel. No. (231) 271-0600 c. Cell No. f. Fax No. (231) 271-0603 g. e-Mail sgould@telemon.org h. Number of workers employed 20 +/-	
d. Address (Street, city, state, and ZIP code) 1878 S. West Bay Shore Drive Suttons Bay, MI 49682 e. Employer Representative Sierra Gould,			
Type of Establishment (factory, mine, wholeseler, etc.) Migrant Head Start	J. Identify principal product or service Daycare/School	1 30 0 6 1	
k. The above-named employer has engaged in and is engage subsections; 8(a)(1) & Section 7 practices are practices affecting commerce within the mean within the meaning of the Act and the Postal Reorganization.	of the National L	abor Relations Act, and these unfair labor	
mutual add and protection and/or oth on-line; additionally, the employer			
(b) (6), (b) (7)(C) Further reinforce the chilling effe b) (6), (b) (7)(C) discharge from emp	e secrecy' also violates NLR fired by the employer on a cts of the social media poli loyment and to make an examp	LA.	
(b) (6), (b) (7)(C) further reinforce the chilling effe b) (6), (b) (7)(C) discharge from emp 3. Full name of party filing charge (If labor organization, give (b) (6), (b) (7)(C)	e secrecy' also violates NLR fired by the employer on a cts of the social media poli loyment and to make an examp	'trumped-up-charge' to cy in association with le to the co-employees.	
(b) (6), (b) (7)(C) further reinforce the chilling effe b) (6), (b) (7)(C) discharge from emp 3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4s. Address (Street and number, city, state, and ZIP code)	e secrecy' also violates NLR fired by the employer on a cts of the social media poli loyment and to make an examp	trumped-up-charge' to cy in association with le to the co-employees. who was fired (b) (6). (b) (7)	
(b) (6), (b) (7)(C) further reinforce the chilling effe b) (6), (b) (7)(C) discharge from emp 3. Full name of party filing charge (If labor organization, give (b) (6), (b) (7)(C)	e secrecy' also violates NLR fired by the employer on a cts of the social media poli loyment and to make an examp	who was fired (b) (6), (b) (7)(C) (c) Trumped-up-charge' to continuous the co-employees. (b) (6), (b) (7)(C) (c) Call No. (d) Fax No.	
(b) (6), (b) (7)(C) further reinforce the chilling effe b) (6), (b) (7)(C) discharge from emp 3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4s. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	e secrecy' also violates NLR fired by the employer on a cts of the social media politoyment and to make an examp full name, including local name and number)	trumped-up-charge' to cy in association with the le to the co-employees. who was fired 4b. Tel. No. 4c. Gell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mell (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) further reinforce the chilling effe b) (6), (b) (7)(C) discharge from emp 3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code)	e secrecy' also violates NLR fired by the employer on a cts of the social media politoyment and to make an examp full name, including local name and number)	trumped-up-charge' to cy in association with the le to the co-employees. who was fired 4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mell (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) further reinforce the chilling effe b) (6), (b) (7)(C) discharge from emp 3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4s. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of organization) 6. DECLARATION 1 declare that I have read the above charge and that the statement	e secrecy' also violates NLR fired by the employer on a cts of the social media politoyment and to make an examp full name, including local name and number) which it is an effiliate or constituent unit (to be illied) Note that the second in the best of my knowledge and belief.	trumped-up-charge' to cy in association with le to the co-employees. Who was fired (b) (6), (b) (7)(C) 46. Fax No. 46. Gall No. (b) (6), (b) (7)(C) 46. Fax No. 46. Gall No. (c) (d) (e) (f) (f) (f) (f) (d) (e) (f) (f) (f) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)	
(b) (6), (b) (7)(C) further reinforce the chilling effe b) (6), (b) (7)(C) discharge from emp 3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4s. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of organization) 6. DECLARATION 1 declare that I have read the above charge and that the statement	se secrecy' also violates NLR fired by the employer on a cts of the social media politoyment and to make an examp full name, including local name and number) which it is an affiliate or constituent unit (to be illied) Note that it is an affiliate or constituent unit (to be illied) Note that it is an affiliate or constituent unit (to be illied) Note that it is an affiliate or constituent unit (to be illied) Note that it is an affiliate or constituent unit (to be illied) Note that it is an affiliate or constituent unit (to be illied) Note that it is an affiliate or constituent unit (to be illied) Note that it is an affiliate or constituent unit (to be illied) Note that it is an affiliate or constituent unit (to be illied) Note that it is an affiliate or constituent unit (to be illied) Note that it is an affiliate or constituent unit (to be illied) Note that it is an affiliate or constituent unit (to be illied) Note that it is an affiliate or constituent unit (to be illied) Note that it is an affiliate or constituent unit (to be illied) Note that it is an affiliate or constituent unit (to be illied) Note that it is an affiliate or constituent unit (to be illied)	trumped-up-charge' to cy in association with le to the co-employees. who was fired (b) (6), (b) (7)(C) 4b. Tel. No. 4c. Call No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mell (b) (6), (b) (7)(C) din when charge is filed by a lebor Tel. No. (231) 946-0700	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

CODM EVENDT LINDER 44 HR C 1812

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
07-CA-114578	10-11-2013	

CHARGE AGAINST EMPL		
STRUCTIONS:	07-CA-1145	
e an original with NLRB Regional Director for the region in which	A AGAINST WHOM CHARGE IS BROUGH	
a. Name of Employer	HOAMS! WHOM CHARGE TO BROOD!	b. Tel. No. 734-942-6500
Westin Hotel Detroit Airport		734-942-0300
Nestin Hotel Deliat Airport		c. Cell No.
		f. Fex No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	
2501 Worldgateway Place	John Reed	g. e-Mall
Detroit, MI 48242	1	h. Number of workers employed
Type of Establishment (factory, mine, wholeseler, etc.)	J. Identify principal product or service Hospitality	
C. The above-named employer has engaged in and is engag		f section R(s), subsections (1) and (list
subsections		[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
		Labor Relations Act, and these unfair labor
practices are practices affecting commerce within the mea within the meaning of the Act and the Postel Reorganizati		re untail practices affecting commence
2. Besis of the Charge (set forth a clear and concise stateme	ent of the facts constituting the alleged unfair lab	or prectices)
3. Full name of party filing charge (if lebor organization, give	full name, including local name and number)	
la. Address (Street and number, city, state, and ZIP code)		4b. Tel. No. (b) (6), (b) (7)(C)
b) (6), (b) (7)(C)		4c, Cell No.
		4d. Fax No.
		4e. e-Mail
 Full name of national or international isbor organization organization) 	f which it is an affiliate or constituent unit (to be	filled in when charge is filled by a labor
6. DECLARATION (b) (7)(C) 6. DECLARATION (b) (7)(C) 6. DECLARATION (b) (7)(C)	ON onto are true to the best of my knowledge and belief.	Tel. No. (b) (6), (b) (7)(C)
(b)	(6), (b) (7)(C)	Office, if any, Cell No.
By (b) (6), (b) (c)	(Print/type name and time or office, if early)	FBX No.
		14.14
		e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

FORM EXEMPT UNDER 44 U.S.C.35*2

10-25-2013

INTERNET FORM NLRB-501 IL CA

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case

07-CA-115686

Date Filed

INSTRUCTIONS	07-CA-17568
File an original with NLRB Regional Director for the region in which the ellege	d unfair labor practice occurred or is occurring.

1 EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a Name of Employer Chrysier Group, LLC b Tel No 586-977-4590

3000+

c Cell No

f Fax No

d Address (Street, city, state and ZIP code)

35777 Van Dyke Ave .

Sterling Heights, MI 48312-3565

e Employer Representative

Nicole Ferguson

g e-Mail

h Number of workers employed

Type of Establishment (factory mine, wholesaler etc.) Factory

| Identify principal product or service

Automobiles

k. The above-named employer has engaged in and is engaging in unlair lador practices within the meaning of section 6(a), subsections (1) and (list subsections) (3) of the National Labor Relations Act, and these unfair labor

practices are practices affecting commerce within the meaning of the Act or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act

2 Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) On about (b) (6), (b) (7)(C) 2013, the above-named Employer indefinitely suspended me due to my protected concerted and union activities.

(b) (6), (b) (7)(C)

4a Address (Street and number city, state and ZIP code)

(b) (6), (b) (7)(C)

40 Tel No (b) (6), (b) (7)(C) 4c Cell No 4c Fax No 4e e-Mail

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

6 DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief

Same as above

(b) (6), (b) (7)(C)

making charge)

(6), (b) (7)(C) An Individual

Printtype name and tille or office if anyl

Office, if any Cell No

Fax No

e-Mar

Same as above

(date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

FURIVI EA	KEMPT UNDER 44 U.S.C. 3512	
DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
07-CA-115717	10-25-2013	

INSTRUCTIONS

File an original with the NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

	INST WHOM CHARGE IS BROUGHT		
Name of Employer helsea Community Hospital		b. Number of workers employed about 1,000	
c. Address (street, city, state, ZIP code) 775 S. Main St., Chelsea MI 48118	d. Employer Representative Paul Kulas, VP Pat. Svs.	e. Telephone No. 734.593.6000	
ype of Establishment (factory, mine, wholesaler, etc.) g. Identify principal product or sepital health care		r service	
h. The above-named employer has engaged in and is engaging in Relations Act, and these unfair labor practices are unfair practices commerce within the meaning of the Act and the Postal Reorganiz 2. Basis of the Charge (set forth a clear and concise statement of About (b) (7)(c) 2013, the Employer named aboretaliation for protected concerted activities, person and on Facebook, and raising those problems.	affecting commerce within the meaning of sation Act. The facts constituting the alleged unfair laborate discharged its employee (b) including discussing workplace	the Act, or unfair practices affecting or practices) (6), (b) (7)(C) in problems with co-workers in	
3. Full name of party filing charge (if labor organization, give full n (b) (6), (b) (7)(C)	name, including local name and number)		
	name, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C)	
4a. Address (street and number, city, state and ZIP code) b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which		(b) (6), (b) (7)(C)	
4a. Address (street and number, city, state and ZiP code) b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which organization)	th it is an affiliate or constituent unit (to be fine). DECLARATION The the statements are true to the best of me	(b) (6), (b) (7)(C) illed in when charge is filed by a labor	
4a. Address (street and number, city, state and ZiP code) b) (6), (b) (7)(C) 5. Full name of national or international labor organization of whic organization)	th it is an affiliate or constituent unit (to be fine). DECLARATION that the statements are true to the best of many that the statements are true to the	(b) (6), (b) (7)(C) illed in when charge is filed by a labor by knowledge and belief.	
(b) (6), (b) (7)(C)	th it is an affiliate or constituent unit (to be fine). DECLARATION that the statements are true to the best of many that the statements are true to the	(b) (6), (b) (7)(C) illed in when charge is filed by a labor by knowledge and belief.	

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

- N	FORM EXEMPT UNDER 44 U S C 3512
DO NOT WE	RITE IN THIS SPACE
Case	Date Filed
7-CA-116014	10-30-2013

INSTRUCTIONS:

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT a. Name of Employer		b. Tel. No. 734-782-9884	
Salon Europa			
		c. Cell No.	
. Address (Street, city, state, and ZIP code) e. Employer Representative		f. Fax No.	
7395 Telegraph	Dave Brossia	g. e-Mail	
lat Rock, MI 48134			
		h. Number of workers employed 9	
Type of Establishment (factory, mine, wholesaler, etc.) j. Identify principal product or service cosmetic Services			
The above-named employer has engaged in and is engagi	ing in unfair labor practices within the meaning of s	section 8(a), subsections (1) and (list	
subsections)		abor Relations Act, and these unfair labo	
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization		unfair practices affecting commerce	
Basis of the Charge (set forth a clear and concise stateme	ent of the facts constituting the alleged unfair labor	practices)	
ince about ^{இருந்நிற்ற} 2013, the Employer has dis	criminated against me and other employ	rees by converting us from hour	
ages to commission and by reducing our hours	in retaliation for our protected and conc	erted activity. On about (b) (6), (b) (7	
2013, the Employer constructively discharged	d me in retaliation for my protected and	concerted activity	
zo io, and zimple jor domatadanon, discondingon	a rile in retailed for the protected and	Sonositos asirrity.	
Full name of namy filing charge (if labor organization, give	full name, including local name and number)	•	
b) (6), (b) (7)(C)	full name, including local name and number)	4b Tel. No. (b) (6), (b) (7)(C)	
a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4b Tel. No. (b) (6), (b) (7)(C) 4c. Cell No.	
a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)		
	full name, including local name and number)	4c. Cell No.	
a. Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of		4c. Cell No. 4d. Fax No. 4e. e-Mail	
(6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of ganization) 6. DECLARATION	f which it is an affiliate or constituent unit (to be fille	4c. Cell No. 4d. Fax No. 4e. e-Mail ed in when charge is filed by a labor Tel. No.	
a. Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of riganization)	f which it is an affiliate or constituent unit (to be fille	4c. Cell No. 4d. Fax No. 4e. e-Mail ed in when charge is filed by a labor	
A. Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of reganization) 6. DECLARATION declare that I have read the above charge and that the statement (b) (6), (b) (7)(C)	f which it is an affiliate or constituent unit (to be fille	4c. Cell No. 4d. Fax No. 4e. e-Mail ed in when charge is filed by a labor Tel. No.	
a. Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of rganization)	which it is an affiliate or constituent unit (to be filled) ON onts are true to the best of my knowledge and belief.	4c. Cell No. 4d. Fax No. 4e. e-Mail ed in when charge is filed by a labor Tel. No. Same as above	
a. Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of rganization) 6. DECLARATION declare that I have read the above charge and that the statement (b) (6), (b) (7)(C) projections (a) (6) (7)(C) (b) (6) (7)(C) (c) (6) (6) (7)(C) (d) (6) (7)(C) (e) (6) (7)(C) (f) (7)(C)	which it is an affiliate or constituent unit (to be filled) ON ints are true to the best of my knowledge and belief.	4c. Cell No. 4d. Fax No. 4e. e-Mail ed in when charge is filed by a labor Tel. No. Same as above Office; if any, Cell No.	
a. Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of rganization) 6. DECLARATION (b) (6), (b) (7)(C) (c) (c) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	which it is an affiliate or constituent unit (to be filled) ON ints are true to the best of my knowledge and belief.	4c. Cell No. 4d. Fax No. 4e. e-Mail ed in when charge is filed by a labor Tel. No. Same as above Office, if any, Cell No. Fax No.	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001 PRIVACY ACT STATEMENT

FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case Date Filed		
07-CA-116054	10-30-2013	

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

a. Name of Employer Durham School Services		b Tel. No. (248) 352-8756
		c Cell No.
		f. Fax. No. (248) 867-7542
d. Address (Street, city, state, and ZIP code) 24661 Lahser Rd. Southfield, MI 48033	e. Employer Representative John Meo	g e-mail
		h Number of workers employed
Type of Establishment (factory, mine, wholesaler, etc.) Transportation provider	I Identify principal product or service transportation for local school districts	
(list subsections) practices are practices affecting commerce within the me the Act and the Postal Rorganization Act. 2. Basis of the Charge (set forth a clear and concise state	eaning of the Act, or these unfair labor practices affecti	
engaging in protected concerted activities	ded, and (b) (6), (b) (7)(C) 2013, terminated its emplo	
engaging in protected concerted activities.		
a Eull name of party filing charge (if labor organization, of the control of the	give full name, including local name and number)	
a Eull name of party filing charge (if labor organization, of the control of the	give full name, including local name and number)	(b) (6), (b) (7)(C)
a Eull name of party filing charge (if labor organization, of the control of the	give full name, including local name and number)	
a Eull name of party filing charge (if labor organization, of the control of the	give full name, including local name and number)	(b) (6), (b) (7)(C)
a Eull name of party filing charge (if labor organization, of the control of the	give full name, including local name and number)	(b) (6), (b) (7)(C) 4c. Cell No.
a Eull name of party filing charge (if labor organization, of the control of the	give full name, including local name and number)	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No.
a Full name of party filing charge (if labor organization, go (b) (6), (b) (7)(c) 4a Address (Street and number, city, state, and ZIP cod (b) (6), (b) (7)(C) 5. Full name of national or international labor organization 6. DECI	give full name, including local name and number) de) on of which it is an affiliate or constituent unit (to be filled	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No.
a. Full name of party filing charge (if labor organization, some of party filing charge (if labor organization, some of party filing charge (if labor organization, some of party filing charge (if labor organization), some of (b) (6), (b) (7)(C) 5. Full name of national or international labor organization 6. DECI	give full name, including local name and number) de) on of which it is an affiliate or constituent unit (to be filled	4c. Cell No. 4d Fax No. 4e. e-mail d in when charge is filed by a labor organization)
engaging in protected concerted activities. 3. Full name of party filing charge (if labor organization, or (b) (6), (b) (7)(C) 43. Address (Street and number, city, state, and ZIP code (b) (6), (b) (7)(C) 5. Full name of national or international labor organization (6. DEC) (b) (6), (b) (7)(C) (c)	give full name, including local name and number) de) an of which it is an affiliate or constituent unit (to be filled) LARATION ove charge and that the statements my knowledge and belief my knowledge and belief	4c. Cell No. 4d Fax No. 4e. e-mail d in when charge is filed by a labor organization) Tel No. (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

INTERNET FORM NLRB-501

UNITED STATES OF AMERICA

FORM EXEMPT UNDER 44 U S C 3512 DO NOT WRITE IN THIS SPACE Date Filed

NATIONAL LABOR RELATIONS BOARD (2-08)Case CHARGE AGAINST EMPLOYER 11-4-2013 07-CA-116329 INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b. Tel. No. See attached sheet a. Name of Employer Please see attached sheet re joint employers c. Cell No. See attached sheet f. Fax No. See attached sheet e. Employer Representative d. Address (Street, city, state, and ZIP code) See attached sheet g. e-Mail See attached sheet See attached sheet h. Number of workers employed See attached sheet i. Type of Establishment (factory, mine, wholesaler, etc.) j. Identify principal product or service See attached sheet See attached sheet

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 8(a)(1), 8(a)(3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) 2013, and continuing to date, the named Employers (joint employer) interfered with, coerced and restrained Charging Party in the exercise of his Section 7 rights by discharging for protesting unsafe working equipment and conditions, together with another employee.

(b) (6), (b) (7)(C) filing charge (if labor organization, give full name, including local name and number) 4a. Address (Street and number, city, state, and ZIP code) 4b. Tel. No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C 4c. Cell No. 4d. Fax No. 4e. e-Mail 5 Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor

organization) N.A.

6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

Mark L Heinen, Attorney for Charging Pty

(Print/type name and little or office, if any)

48000 Van Dyke Ave., Shelby Township, MI 48317

(signature of representative or person making charge)

10/30/2013 (date)

Tel. No. 586-739-9888

Office, if any, Cell No. 313-207-4993

Fax No. 586-739-9892

e-Mail markheinen@att.net

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

ATTACHMENT TO CHARGE AGAINST EMPLOYER

Item 1.a. Name of Employer (Joint Employers) –

Severstal North America - and - ESM Group Inc.

Item 1.b. Telephone No. --

Severstal: 800-532-8857 ESM: 716-446-8914

Option 3

Item 1.c. Cell No. - -

Severstal: Unknown ESM: Unknown

Item 1.d.Address -

Severstal North America ESM Group Inc.

14661 Rotunda Drive 300 Corporate Parkway

P.O. Box 1699 Suite 118N

Dearborn, MI 48120-1699 Amherst, NY 14226

Item 1.e. Employer Representative - -

Severstal: Olga G. Filatova ESM: Director of Human Resources

Vice President, H.R.

Item 1.f. Fax No. - -

Severstal: 313-337-0155 ESM: 716-446-8911

Item 1.g. E-Mail - -

Severstal: <u>contact@severstalna.com</u> ESM: <u>info@esmgroupinc.com</u>

Item 1.h Number of Workers - -

Severstal: Over 100 ESM: Over 25

Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

14 14 14 15 15 15 15 15				
CHAR	GF A	GAINS	STEMP	LOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
22 22 23 24 2		
07-CA-117469	November 20, 2013	

File an original of this charge with NLRB Regional	Director in which the alleged unfair labor practice of	ccurred or is occurring.
a. Name of Employer LWHS LTD., d/b/a BATA Plastics, Inc.,		b. Tel. No. (616)452-5300 c. Cell No.
d. Address (street, city, state ZIP code) 1001 40th Street SE, Grand Rapids, MI 49508	e Employer Representative Nena Cole	f. Fax No. (616)452-5301 g. e-Mail hr@bataplastics.com h. Dispute Location (City and State) Grand Rapids, MI
i. Type of Establishment (factory, nursing home, hotel) Factory	j. Principal Product or Service Plastic pellets	k. Number of workers at dispute location 100
with other employees for mutual aid at	Employer discharged (b) (6), (b) (7)(C) pecau nd protection. ation, give full name, including local name and num	
3. Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C)	ation, give full name, including local name and num	ber)
4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C)	P code)	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C)
		(b) (b), (b) (7)(C) 4d. Fax No.
		4e. e-Mail (b) (6), (b) (7)(C)
 Full name of national or international labor organization) 	nization of which it is an affiliate or constituent unit	the ba filled in when aborne in filed by a labor
organization		(to be filled in when charge is filed by a labor
6. DECLARATION I declare that I have read the above charge a my knowledge and be	nd that the statements are true to the best of	Tel. No.
6. DECLARATION I declare that I have read the above charge a	nd that the statements are true to the best of (b) (6), (b) (7)(C)	
6. DECLARATION I declare that I have read the above charge a my knowledge and be ^{ரு நெ}	(b) (6), (b) (7)(C)	Tel. No. Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes

> REGION 7 RESIDENT OFFICE

SOIS NOA SO BY TO TO

MLRB RECEIVED

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
07-CA-117518	11-20-2013	

1 EMPLOYED	h the alleged unfair labor practice occurred or is oc	curning.
	RAGAINST WHOM CHARGE IS BROUGH	T
a. Name of Employer		b. Tel. No. 734-451-8800
Automotive Components Holding, LLC d. Address (Street, city, state, and ZIP code) e. Employer Representative		c. Cell No.
		f. Fax No.
d. Address (<i>Street, city, state, and ZIP code)</i> ACH Sheldon Road Plant 14425 Sheldon Road	e. Employer Representative Derrick Gismondi HR REp	g. e-Mail
Plymouth, MI 48170		h. Number of workers employed 700+
i. Type of Establishment (factory, mine, wholesaler, etc.) Factory	j. Identify principal product or service heating and cooling for automobile	es
subsections) (a)(3) practices are practices affecting commerce within the measuithin the meaning of the Act and the Postal Reorganization. 2. Basis of the Charge (set forth a clear and concise statements) On (b) (6), (b) (7)(G) 2013, I was suspended for engal	uning of the Act, or these unfair labor practices a on Act. ent of the facts constituting the alleged unfair lab	or practices)
For the past six month, the Employer and Union officials. (b) (6) (6) (7)(6) party filing charge (if labor organization, give	Contraction of the Contraction o	and the State of the States of American States and States of State
	full name, including local name and number)	
4a Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4b. Tel. No. (b) (6), (b) (7)(C)
	full name, including local name and number)	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No.
	full name, including local name and number)	
	full name, including local name and number)	4c. Cell No.
		4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)
5. Full name of national or international labor organization or organization) 6. DECLARATI I declare that I have read the above charge and that the statements.	f which it is an affiliate or constituent unit (to be f ON ents are true to the best of medeaswledge and belief.	4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) filled in when charge is filed by a labor Tel. No.
5. Full name of national or international labor organization or organization) 6. DECLARATI I declare that I have read the above charge and that the statement (b) (6), (b) (7)(C)	f which it is an affiliate or constituent unit (to be for some some some some some some some some	4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) filled in when charge is filed by a labor Tel. No. Office, if any, Cell No.
organization) 6. DECLARATI I declare that I have read the above charge and that the stateme (b) (6), (b) (7)(C)	f which it is an affiliate or constituent unit (to be f ON ents are true to the best of medeaswledge and belief.	4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) filled in when charge is filed by a labor Tel. No. Office, if any, Cell No. Fax No.
5. Full name of national or international labor organization or organization) 6. DECLARATI I declare that I have read the above charge and that the statement (b) (6), (b) (7)(C)	f which it is an affiliate or constituent unit (to be for some some some some some some some some	4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) filled in when charge is filed by a labor Tel. No. Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		

NSTRUCTIONS: 07-CA-11	
ile an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurr	ing.
a. Name of Employer 1) n: Fed States Postal Service	b. Tel. No. 231-933-102 0 c. Cell No.
d. Address (Street, city, state, and ZIP code) e. Employer Representative	f. Fax No.
1801 N. Garfield Rd Pamela Bronson Traverse City Michigan Plant Manager 49696	g e-Mail h. Number of workers employed est. 125
i. Type of Establishment (factory, mine, wholesaler, etc.) 1. Identify principal product or service 1. V. S. Mai	
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of se	ction 8(a), subsections (1) and (list
subsections) of the National Lal practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are u within the meaning of the Act and the Postal Reorgan zation Act.	bor Relations Act, and these unfair labor nfair practices affecting commerce
(b) (6), (b) (7)(c) have been issued numerous discipline that lacks just cause by USPS. (b) (6), (b) (7)(c) has also been issued discipling involvement of charge the NLRB	
	31 Traverse City Avea
4a. Address (Street and number, city, state, and ZIP code)	4b. Tel. No.
Traverse City Michigan 49685	4c, Cell No. 231-935-4140 4d Fax No.
	4e. e-Mail
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled organization) AFL - CIO Traverse City Avea Local 531	I in when charge is filed by a labor \mathcal{APWU}
6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. By Lobra K. Holmes (signature of representative or person making charge) (Printing name and title or office. If any)	Tel. No. 231-943-3467 Office, if any, Cell No.
1 many per mante and and or of more, a stry)	Fax No.
2124 Grosbeak Dr. Address Traverse City Mi. 49685 (date)	e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
07-CA-118183	12-3-2013	

INSTRUCTIONS:

	ER AGAINST WHOM CHARGE IS		h Tel No. a
a. Name of Employer Please see attached sheet re joint employers		b. Tel. No. See attached sheet	
		c. Cell No. See attached sheet	
70	e. Employer Representative		f. Fax No. See attached sheet
I. Address (Street, city, state, and ZIP code) See attached sheet	See attached sheet		g. e-Mail
	250		See attached sheet
			h. Number of workers employed See attached sheet
Type of Establishment (factory, mine, wholesaler, etc.) See attached sheet	j. Identify principal product or See attached sheet	service	
The above-named employer has engaged in and is eng subsections) 8(a)(1), 8(a)(3) practices are practices affecting commerce within the m within the meaning of the Act and the Postal Reorganiz	o neaning of the Act, or these unfair labo	f the National Lab	oor Relations Act, and these unfair labor
and conditions, together with another employe	G.		
		d number)	
		d number)	
b) (6), (b) (7)(C)	ive full name, including local name an	d number)	4b. Tel. No. (b) (6), (b) (7)(C)
b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code	ive full name, including local name an	d number)	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No.
b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code	ive full name, including local name an	d number)	Parameter and the second second
b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code	ive full name, including local name an	d number)	4c. Cell No.
b) (6), (b) (7)(c) 4a. Address (Street and number, city, state, and ZIP code (b) (6), (b) (7)(C)	ive full name, including local name an		4c. Cell No. 4d. Fax No. 4e, e-Mail
b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code (b) (6), (b) (7)(C)	ive full name, including local name and	nt unit (to be filled	4c. Cell No. 4d. Fax No. 4e, e-Mail
b) (6), (b) (7)(c) 4a. Address (Street and number, city, state, and ZIP code (b) (6), (b) (7)(C) 5. Full name of national or international labor organization organization) N. A. 6. DECLAR I declare that I have read the above charge and that the state of the st	ive full name, including local name and	nt unit (to be filled dge and belief.	4c. Cell No. 4d. Fax No. 4e. e-Mail d in when charge is filed by a labor Tel. No.
(b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code (b) (6), (b) (7)(C) 5. Full name of national or international labor organizatio organization) N. A.	ive full name, including local name and	nt unit <i>(to be filled</i> dge and belief. Charging Pty	4c. Cell No. 4d. Fax No. 4e. e-Mail d in when charge is filed by a labor Tel. No. 586-739-9888 Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

ATTACHMENT TO CHARGE AGAINST EMPLOYER

Item 1.a. Name of Employer (Joint Employers) -

Severstal North America - and – ESM Group Inc.

Item 1.b. Telephone No. --

Severstal: 800-532-8857

ESM: 716-446-8914

Option 3

Item 1.c. Cell No. - -

Severstal: Unknown

ESM: Unknown

Item 1.d.Address -

Severstal North America

ESM Group Inc.

14661 Rotunda Drive

300 Corporate Parkway

P.O. Box 1699

Suite 118N

Dearborn, MI 48120-1699

Amherst, NY 14226

Item 1.e. Employer Representative - -

Severstal: Olga G. Filatova

ESM: Director of Human Resources

Vice President, H.R.

Item 1.f. Fax No. - -

Severstal: 313-337-0155

ESM: 716-446-8911

Item 1.g. E-Mail - -

Severstal: contact@severstalna.com ESM: info@esmgroupinc.com

Item 1.h Number of Workers - -

Severstal: Over 100

ESM: Over 25

Item 1.i: Type of Establishment

Severstal: Steel Mill

ESM: Service Contractor

Item 1.j.:Principle Product or Service

Severstal: Steel

ESM: Steel Composition

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
07-CA-118313	12/4/2013	

INSTRUCTIONS:

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT a Name of Employer		b. Tel. No. 989-375-2201
Tower Automotive, Elkton Business Unit		
		c. Cell No.
		f. Fax No. 989-375-4563
d. Address (Street, city, state, and ZIP code) 81 Drettman Street, Elkton, MI 48731	e. Employer Representative Ellen Moorman, Human Resources	g. e-Mail
or Dietarian Street, Enton, in 40707	Executive	g. C Mail
		h. Number of workers employed
		Over 50
. Type of Establishment (factory, mine, wholesaler, etc.) Factory	 j. Identify principal product or service Automotive parts 	
k. The above-named employer has engaged in and is engagi		ction 8(a), subsections (1) and (list
subsections) 8(a)(1), 8(a)(3)		or Relations Act, and these unfair labor
practices are practices affecting commerce within the mea	ning of the Act, or these unfair labor practices are un	
within the meaning of the Act and the Postal Reorganization	on Act.	
2. Basis of the Charge (set forth a clear and concise stateme		
Since on or about (b) (6), (b) (7)(C) 2013, and continuing	to date, the Employer, through its supervi	isors and agents, has harassed
Charging Party through excessive surveillance, e		
opposition to the approval of the 2025 - 2018		
the Carela, as been theretened account and analysis	almost Observation Deuts in the expension of	
the Employer has threatened, coerced and restra Act and has discriminated against Charging Part		
Act and has discriminated against Charging Part	y because of exercise of Section 7 right	
Act and has discriminated against Charging Part	y because of exercise of Section 7 right	
Act and has discriminated against Charging Part 3. End pame of party filing charge (if labor organization, give	y because of exercise of Section 7 right	
Act and has discriminated against Charging Part 3. Full pame of party filing charge (if labor organization, give 4a. Address (Street and number, city, state, and ZIP code)	y because of exercise of Section 7 right	4b. Tel. No. (b) (6), (b) (7)(C)
Act and has discriminated against Charging Part 3. Full pame of party filing charge (if labor organization, give 4. Address (Street and number, city, state, and ZIP code)	y because of exercise of Section 7 right	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No.
Act and has discriminated against Charging Part 3. Full name of party filing charge (if labor organization, give (b) (6). (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code)	y because of exercise of Section 7 right	4b. Tel. No. (b) (6), (b) (7)(C)
Act and has discriminated against Charging Part 3. Full name of party filing charge (if labor organization, give (b) (6). (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code)	y because of exercise of Section 7 right	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail
Act and has discriminated against Charging Part 3. Full pame of party filing charge (if labor organization, give 4a. Address (Street and number, city, state, and ZIP code)	y because of exercise of Section 7 right	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No.
Act and has discriminated against Charging Part 3. Full name of party filing charge (if labor organization, give b) (6). (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C)	y because of exercise of Section 7 right	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)
Act and has discriminated against Charging Part 3. Full name of party filing charge (if labor organization, give (b) (6). (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization or	y because of exercise of Section 7 right	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)
Act and has discriminated against Charging Part 3. Full name of narty filing charge (if labor organization, give b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) 5. Full name of national or international labor organization organization) N.A.	y because of exercise of Section 7 right exercise of Section 7 right full name, including local name and number)	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) In when charge is filed by a labor Tel. No.
Act and has discriminated against Charging Part 3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization organization)	y because of exercise of Section 7 right exercise of Section 7 right full name, including local name and number) If which it is an affiliate or constituent unit (to be filled)	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) In when charge is filed by a labor
Act and has discriminated against Charging Part 3. Full name of party filing charge (if labor organization, give b) (6). (b) (7)(c) 4a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(c) 5. Full name of national or international labor organization of organization) N.A. 6. DECLARATI	by because of exercise of Section 7 right of which it is an affiliate or constituent unit (to be filled ents are true to the best of my knowledge and belief.	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) in when charge is filed by a labor Tel. No. 586-739-9888
Act and has discriminated against Charging Part 3. Full name of narry filing charge (if labor organization, give 4a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) 5. Full name of national or international labor organization organization) N.A. 6. DECLARATI I declare that I have read the above charge and that the statements	exercise of Section 7 right full name, including local name and number) If which it is an affiliate or constituent unit (to be filled lon) ION ents are true to the best of my knowledge and belief.	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) In when charge is filed by a labor Tel. No.
Act and has discriminated against Charging Part 3. Eul pame of party filing charge (if labor organization, give (b) (6). (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization organization) N. A. 6. DECLARATI	by because of exercise of Section 7 right of which it is an affiliate or constituent unit (to be filled ents are true to the best of my knowledge and belief.	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) in when charge is filed by a labor Tel. No. 586-739-9888
Act and has discriminated against Charging Part 3. Full name of party filing charge (if labor organization, give (b) (6). (b) (7)(c) 4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(c) 5. Full name of national or international labor organization organization) N.A. 6. DECLARATI I declare that I have read the above charge and that the statements	exercise of Section 7 right full name, including local name and number) If which it is an affiliate or constituent unit (to be filled and some are true to the best of my knowledge and belief. If which it is an affiliate or constituent unit (to be filled and longer in the best of my knowledge and belief. If ark L Heinen, Attorney for Charging Pty (Print/type name and title or office, if any)	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) In when charge is filed by a labor Tel. No. 586-739-9888 Office, if any, Cell No.
2. Full pame of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization organization) N.A. 6. DECLARATI I declare that I have read the above charge and that the statements	exercise of Section 7 right full name, including local name and number) If which it is an affiliate or constituent unit (to be filled longer and longer are true to the best of my knowledge and belief. If ark L. Heinen, Attorney for Charging Pty (Print/type name and title or office, if any)	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) in when charge is filed by a labor Tel. No. 586-739-9888 Office, if any, Cell No. Fax No. 586-739-9892

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	TOTAL EXEMPT TOTALETT TO GO OFFIE	
DO NOT WRITE IN THIS SPACE		
Case 07-CA-118361	Date Filed 12-5-2013	

	Court March State County	
MOTOL	ICTIONS:	

a Alexan of Cambridge	ER AGAINST WHOM CHARGE IS BROUGHT	b. Tel No
a Name of Employer		b. (el No
Best Demolition Company LLC.		c. Cell No. 989-372-5378
	(E To be a second of	f. Fax No. 877-765-0578
d Address (Street, city, state, and ZIP code) 6285 Bay Road Suite 8 Saginaw MI 48604	e Employer Representative Scott Mortiz	g. e-Mail
		scott@bestdemo.us
		h. Number of workers employed
Type of Establishment (factory, mine, wholesaler, etc.) Demoliton/Construction Company	j. Identify principal product or service Renovations	
k. The above-named employer has engaged in and is enga subsections) Protected Concerted Activity		
practices are practices affecting commerce within the m	eaning of the Act, or these unfair labor practices are	abor Relations Act, and these unfair labor unfair practices affecting commerce
within the meaning of the Act and the Postal Reorganiza		
Basis of the Charge (set forth a clear and concise state)Employer has reduced hours and laid off the el		
		Tree - series
(b) (b), (b) (7)(c) 4a Address (Street and number, city, state, and ZIP code)		4b. Tel. No.
(b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code)		4b. Tel. No. 4c Cell No (b) (6), (b) (7)(C)
(b) (b), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code)		4c Cell No (b) (6), (b) (7)(C) 4d. Fax No.
(b) (b), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code)		4c Cell No (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)		4c Cell No (b) (6), (b) (7)(C) 4d. Fax No. 4e e-Mail (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5 Full name of national or international labor organization organization)	of which it is an affiliate or constituent unit (to be fille	4c Cell No (b) (6), (b) (7)(C) 4d. Fax No. 4e e-Mail (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5 Full name of national or international labor organization organization) 6. DECLARA I declaration (b) (6), (b) (7)(C)	of which it is an affiliate or constituent unit (to be fille	4c Cell No (b) (6), (b) (7)(C) 4d. Fax No. 4e e-Mail (b) (6), (b) (7)(C) ed in when charge is filed by a labor
(b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5 Full name of national or international labor organization organization) 6. DECLARA I declare the have read the boxes charge and that the states (b) (C), (b) (7)(C)	of which it is an affiliate or constituent unit (to be fille TION ments are true to the best of my knowledge and belief.	4c Cell No (b) (6), (b) (7)(C) 4d. Fax No. 4e e-Mail (b) (6), (b) (7)(C) ad in when charge is filed by a labor Tel No.
(b) (6), (b) (7)(C) 4a Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5 Full name of national or international labor organization organization) 6. DECLARA Identity that have read (b) (c), (b) (7)(C) By (6), (6), (6), (7)(C)	of which it is an affiliate or constituent unit (to be fille) TION ments are true to the best of my knowledge and belief. (b) (6), (b) (7)(C)	4c Cell No (b) (6), (b) (7)(C) 4d. Fax No. 4e e-Mail (b) (6), (b) (7)(C) ad in when charge is filed by a labor Tel No. Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
07-CA-118576	12-6-2013		

NS.	TD!	10	MD.

	R AGAINST WHOM CHARGE IS BROUGH	
Name of Employer	Systems	b. Tel. No. 3/3 243 0700 c. Cell No
Detroit Manufacturing	3 0/3 161111	f. Fax No.
Address (Street, city, state, and ZIP code)	e. Employer Representative Rosemary	g. e-Mail
Building A Detroit, MI 48223	Brewer	h. Number of workers employed
Type of Establishment (factory, mine, wholesaler, etc.) ACL The above-named employer has engaged in and is engage	j. Identify principal product or service Outo falls	
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization. Basis of the Charge (set forth a clear and concise statement	on Act. ent of the facts constituting the alleged unfair labo	or practices)
On orabout (b) (6), (Employer terminated	(b) (7)(C) 2013,	the above
Employer terminated union and lor protec	me in retalla ted concerted	activity.
union andlor protec	ted concerted	activity.
Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C)	ted concerted	activity.
Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C)	ted concerted	activity.
Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code)	ted concerted	4b. Tel. No (b) (6), (b) (7)
Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code)	ted concerted	4b. Tel. No (b) (6), (b) (7)
Full name of national or international labor organization of	ted concerted full name, including local name and number)	4b. Tel. No (b) (6), (b) (7) 4c. Cell No. 4d Fax No. 4e. e-Mail
Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) Full name of national or international labor organization or ganization) 6. DECLARATION	tecl concerted full name, including local name and number) f which it is an affiliate or constituent unit (to be fine) ON ents are true to the best of my knowledge and belief.	4b. Tel. No (b) (6), (b) (7) 4c. Cell No. 4d Fax No. 4e. e-Mail
Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) Full name of national or international labor organization or ganization) 6. DECLARATION declare that I have read the above charge and to the statement (b) (6), (b) (7)(C) (5)(C)	ted concerted full name, including local name and number) f which it is an affiliate or constituent unit (to be file) (ON ents are true to the best of my knowledge and belief. (O) (6), (b) (7)(C)	4b. Tel. No (b) (6), (b) (7) 4c. Cell No. 4d Fax No. 4e. e-Mail
Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(c) a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(c) Full name of national or international labor organization) 6. DECLARATION (A)	tecl concerted full name, including local name and number) f which it is an affiliate or constituent unit (to be fine) ON ents are true to the best of my knowledge and belief.	4b. Tel. No (b) (6), (b) (7) 4c. Cell No. 4d. Fax No. 4e. e-Mail Tel. No

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT W	RITE IN THIS SPACE
Case	Date Filed
07-CA-118580	12-6-2013

INSTRUCTIONS

Fite an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT a. Name of Employer 313 243 0700 Detroit Manufacturing Systems f. Fax No. e. Employer Representative d. Address (Street, city, state, and ZIP code) g. e-Mail 12701 Southfield Rd. Rosemary Building A Brewer h. Number of workers employed Detroit, MI 48223 i. Type of Establishment (factory, mine, wholesaler, etc.) j Identify principal product or service auto parts k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) On or about (b) (6), (b) (7)(c) 2013, the above employer suspended / terminated me in retaliation for my union and lor protected 2013, the above concerted activity. 3. Full name of party filing charge (if labor organization, give full name, including local name and number) (b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (1)(C) (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) Tel. No declare that have read the above charge and that the statements are true to the best of my knowledge and belief. (b) (6), (k), (C) (b) (6), (b) (7)(C) Office, if any, Cell No. Fax No

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
07-CA-119126	12-17-2013	

INSTRUCTIONS:

A. Name of Employer Fuji Japanese Buffet d. Address (Street, city, state, and ZIP code) 32153 John R Road Madison Heights, MI 48071	b. Tel. No. (248) 929-1868 c. Cell No.
d. Address (Street, city, state, and ZIP code) e. Employer Representative Zhi Bin Dong	c. Cell No.
32153 John R Road Zhi Bin Dong	
32153 John R Road Zhi Bin Dong	f. Fax No.
	a a Mell
	g. e-Mail
	h. Number of workers employed about 30
. Type of Establishment (factory, mine, wholesaler, etc.) j. Identify principal product or service serving food	
t. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of sec	ction 8(a), subsections (1) and (list
	or Relations Act, and these unfair labo
practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are un	
within the meaning of the Act and the Postal Reorganization Act.	en alian al
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor pl	ractices)
/b\ /c\ /b\ /7\/C\	
On or about (b) (6), (b) (7)(C) 2013, the above-named Employer terminated me in retaliation for	or my protected, concerted
activities.	
3. Full name of party filing charge (if labor organization, give full name, including local name and number)	
7. Fall halfe of party hilling drange in labor organization, give reminering recent halfe and halfe or	
(b) (6), (b) (7)(C)	
4a. Address (Street and number, city, state, and ZIP code)	4b. Tel. No.
4a. Address (Street and number, city, state, and ZIP code)	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C)
4a. Address (Street and number, city, state, and ZIP code)	
4a. Address (Street and number, city, state, and ZIP code)	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail
a. Address (Street and number, city, state, and ZIP code)	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No.
a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C)	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)
is a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled organization) 6. DECLARATION	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)
Sa. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled organization) 6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) in when charge is filed by a labor
4a. Address (Street and number, city, state, and ZIP code) 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled organization) 6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C)	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) in when charge is filed by a labor
I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) in when charge is filed by a labor Tel. No.
Sa. Address (Street and number, city, state, and ZIP code) 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled organization) 6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C)	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) in when charge is filed by a labor Tel. No. Office if any Cell No. (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

WILLEUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

[SAME AS ABOVE]

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

FURIVI	EXEMPT UNDER 44 U.S.C 331.
DO NOT WRI	TE IN THIS SPACE
Case 07-CA-119140	Date Filed 12–13–2013

INSTRUCTIONS		
File an original and 4 copies of this charge with NLRB Region		
The region in which the alleged unfair labor practice occurred	INST WHOM CHARGE IS BROUGHT	
a. Name of Employer	mor triom of the brooding	b Number of workers employed
MONTO ID CONTRACT		
MGM Grand Detroit Casino		Approximately 2,500
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No (734) 287-4710
1777 Third Street, Detroit, MI 48226	Tara McIntosh	
f. Type of Establishment (factory, mine, wholesaler, etc.) Casino	g. Identify principal product or se	rvice
	Gaming	(£ 9/a)/4) /2)
 The above-named employer has engaged in and is engaging of the National Labor Relations Act, and these unfair labor pr 		
2. Basis of the Charge (set forth a clear and concise statement of		
(b) (6) (b) (7)(C)		(b) (6), (b) (7)(C)
On or around (6) (6), (6) (7)(C) 2013, the above name	ned Employer unlawfully su	spended me until
retaliation for my union and protected conce	rted activities.	- 11 0 10 - 12
(/b) /b) //)/(c)		(b) (6), (b) (7)(C)
On or around (b) (6), (b) (7)(C) 2013, the above r	named Employer unlawfully	discharged me and
(b) (6), (b) (7)(C)	in retaliation for my u	nion or protected concerted
activities.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	with the first property of the few
By the above and other acts, the above-name	ed employer has interfered	with restrained and
coerced employees in the exercise of the rig		
coerced employees in the exercise of the ng	ins guaranteed in dection /	of the Act.
3. Full name of party filing charge (if labor organization, give full no.	ame, including local name and number)	
4a. Address (street and number, city, state and ZIP code)		4b. Telephone No
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)
5. Full name of national or international labor organization of which	h it is an affiliate or constituent unit (to be	filled in when charge is filed
By a labor organization		
6. I declare that I have read the above charge and the	. DECLARATION not the statements are true to the best of	my knowledge and belief.
(b) (6), (b) (7)(C)		
D. C.	±0.2	Individual
Signature of representation or person making charge	Title.	Individual
Address:	Telephone No	Date: 2 /2 /=

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

(b) (6), (b) (7)(C)

[SAME AS ABOVE]

FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET FORM NURB-201 (2-08) : NITED STATES OF AMERICA
NAT: NAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
	Case	Date Filed
	07-CA-119182	12-17-2013

(E-SS) CH	³ \RGE AGAINST EMPL C	OYER	Case	Date Lileo
			07-CA-119182	12-17-2013
STRUCTIONS: e an original with NLRB Regional	itrector for the region in which	the elleged unfair labor prac	cides occurred or is occurre	Ing.
an original wol next o resident	1. EMPLOYER	AGAINST WHOM CHA	RGE IS BROUGHT	
. Name of Employer				b. Tel. No.
DTE ENERGY COMPA	V			313 235 7747
DIE ENERGI COMPA	1			c. Cell No.
				313 212 5367
				f. Fax No.
. Address (Street city, state,	nd ZIP (rode)	e. Employer Represe	ntative	g, e-Mail
One Energy Plaza		Diane Antis	spru	
Detroit, MI 482	б	{		antishind@dteenergy.co
				h. Number of workers employed
			at and an apparish	9,000
Type of Establishment (factor	", mine, wholesaler, etc.)	j. Identify principal pri	oduct or service	
Utility		Energy		
. The above-named employer	ras engaged in and is engagi	ing in unfair labor practices	within the meaning of se	ction 8(a), subsections (1) and (list
subsections) 3			of the National Lai	bor Relations Act, and these unfair labor
practices are practices affect	ng commerce within the mea	ining of the Act, or these ur	nfair labor practices are u	nfair practices affecting commerce
	and the Postal Reorganization			
Basis atthe Chama (set for	a deer and concise stateme	ent of the facts constituting	the elleged unfair labor of	ractices)
C. D. annual of a set filling at	ge (if labor organization, give	e full name lacturding local	name and number	
3. Full name of party fixing co	ge in approaganization, give	: Toll name, wicholing local i	ame end namocij	
IBEW Local 17				
4a. Address (Street and num!	r. city, state, and ZIP code)	_		4b. Tel. No.
17000 W 12 Mile	Road			248 423 4540
Southfield, MI	48076			4c. Cell No.
2040				4d. Fax No.
				248 423 9277
				4e. e-Mail
organization)	-		constituent unit (to be file	d in when charge is filed by a labor
International En	otherhood of Elec	CITEMI MOLKEIS	 -	1
I de alore Mark I have a series of the series	6. DECLARAT		u kaaudadan and ballaf	Tel. No.
I declare that I have read the in	rove charge and that the statem	ents are true to the best of m	y knowledge and belief,	248 423 4540 x. 17
1	1]			Office, if any, Cell No.
By James A		James A.Shaw, As	sst. Business	248 508 8612
(signature of representative	person making charge)	(Prinklype name and title	or office, if and nager	FEX NO.
				248 423 9277
				e-Mall

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

17000 W l Mile Road, Southfield, MI

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	remain remember to a source	3
DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
07-CA-119553	12-20-2013	

FORM EXEMPT UNDER 44 U S C 3512

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b. Tel. No. 313-578-7500 a. Name of Employer Northwest Community Programs, Inc. (Northwest Activity Center) c. Cell No. 313-475-3061 f. Fax No. d. Address (Street, city, state, and ZIP code) e. Employer Representative Ronald Lockett, Executive Director 18100 Meyers Road, Detroit, MI 48235 g. e-Mail h. Number of workers employed Plus i. Type of Establishment (factory, mine, wholesaler, etc.) j. Identify principal product or service Community Center Community activities k The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) The above named Employer retaliated against me by failing to schedule me for work because I engaged in activities with other employees on matters concerning terms and conditions of employment. 3 Full name of party filing charge (if labor organization, give full name, including local name and number) (b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) 4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d Fax No 4e. e-Mail (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) Tel No 6. DECLARATION (b) (6), (b) (7)(C) d that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C)_{an Individual} Office, if any, Cell No (Print/type name and title or office, if any) Fax No. (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

02:39:21 p.m.

12-20-2013 1 /1 FORM EXEMPT UNDER 44 U.S C 3512

INTERNET FORM NLRB-501 (9-07)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

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DO NOT WRITE IN THIS SPACE	
Case	Date Filed
07-CA-119558	12-20-2013

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File an original together with four copies and a copy for each additional charged party named in Item 1 with NLRB Regional Director for the region in which the alleged

unfair fabor practice occurred or is occurring. 1. EMPLOYE	ER AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer United States Postal Service Detroit District	b. Number of workers employed +2500	
c. Address (Street, city, state, and ZIP code) 1401 Fort Street Detroit MI 48233	d. Employer Representative Linda White (Transportation) Lee Thompson (District Manager) Efrain Alvarado (Plant Manager)	e. Telephone No. Fax No.
f Type of Establishment(factory, mine, wholesaler, etc.) U.S. Mail	g. Identify principal product or service U.S. Mail	
h. The above-named employer has engaged in and is eng and (list subsections) unfair labor practices are practices affecting commerce commerce within the meaning of the Act and the Posta	of It within the meaning of the Act, or these unfair labor	ne National Labor Relations Act, and these
individuals are fullfilling for management. The sar to cover for (b) (6), (b) (7)(C) The employer has availant alleged "shortage" is manufactured as the lack of pure same and	ticular on detail to management positions of the individual primarily responsible for (b) (6) (b) (c) (c) (d) (d) (e) (e) (f) (e) (f) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	whom they could return to the (b) (7)(C)) is as important as the role these or these individuals can be utilized an returned to the craft and any d have corrected at any time.
Full name of party filing charge (if labor organization, give American Postal Workers Union-Detroit District A		
4a. Address (Street and number, city, state, and ZIP code) 20530 Southfield Rd Detroit MI 48235		4b. Telephone No. (313)532-9305 Fax No.
5 Full name of national or international labor organization of organization)	f which it is an affiliate or constituent unit (to be filled	d in when charge is filed by a labor
I deciate that I have read the above charge By Man (signature of representative or person making charge)	DECLARATION and that the statements are true to the best of	of my knowledge and belief. James Stevenson(Clerk Craft Directo (Pnnt/type name and title or office, if any).
Same as above	(fax) (313) 532-54 (313) 434-8068	12/20/13
	(Telephone	No.) (date)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
07-CA-119867	12-31-2013			

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which t		g	
a. Name of Employer Healing Hands Et Home Health Care		b. Tel. No. 248-419-5010 c. Cell No.	
	e. Employer Representative	f. Fax No.	
d. Address (Street, city, state, and ZIP code) 30640 West 12 Mile Road	Michelle, HR Monagor	g. e-Mail	
Farmington Hills, MI 48334		h. Number of workers employed	
i. Type of Establishment (factory, mine, wholesaler, etc.) Hen Hh Care	j. Identify principal product or service Home Health Care		
k. The above-named employer has engaged in and is engaging subsections) practices are practices affecting commerce within the meaning within the meaning of the Act and the Postal Reorganization. 2. Basis of the Charge (set forth a clear and concise statement)	of the National Labo ng of the Act, or these unfair labor practices are unf Act.	r Relations Act, and these unfair labor air practices affecting commerce	
Since about (b) (6), (b) (7)(C) 20 off in retaliation for may position for	ruterted concented activiti	2613 DEC 31 7 110:1	
4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)		4b, Tel. N(b) (6), (b) (7)(C) 4c. Cell No.	
		4d. Fax No.	
		4e. e-Mail	
Full name of national or international labor organization of worganization)	hich it is an affiliate or constituent unit (to be filled in	n when charge is filed by a labor	
(b) (\circ_j, \circ_i) (7)(C)	s are true to the best of my knowledge and belief.	Tel. No. Same as above Office, if any, Cell No.	
Address Same as above	12/31/13 (date)	e-Mail	
	logicy		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT